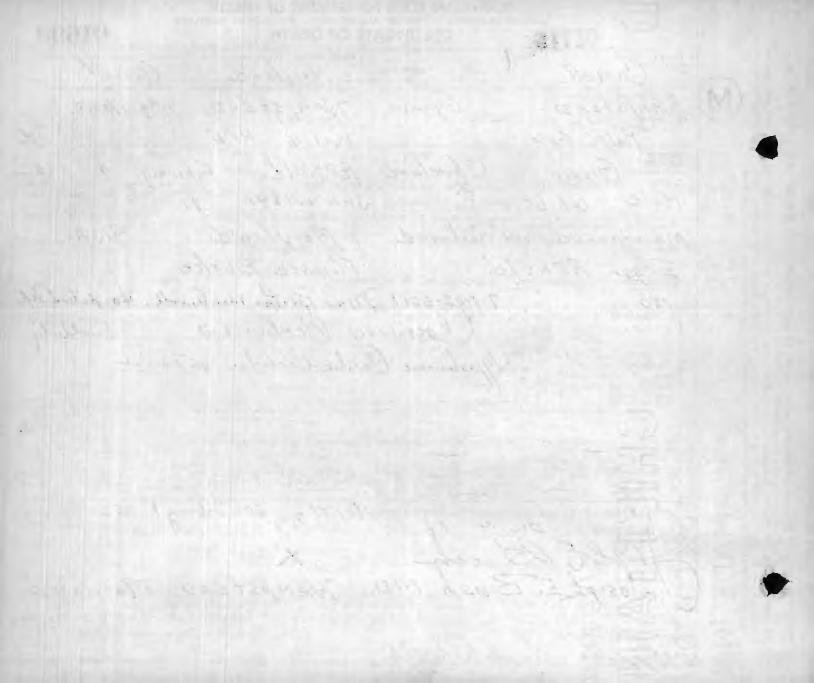
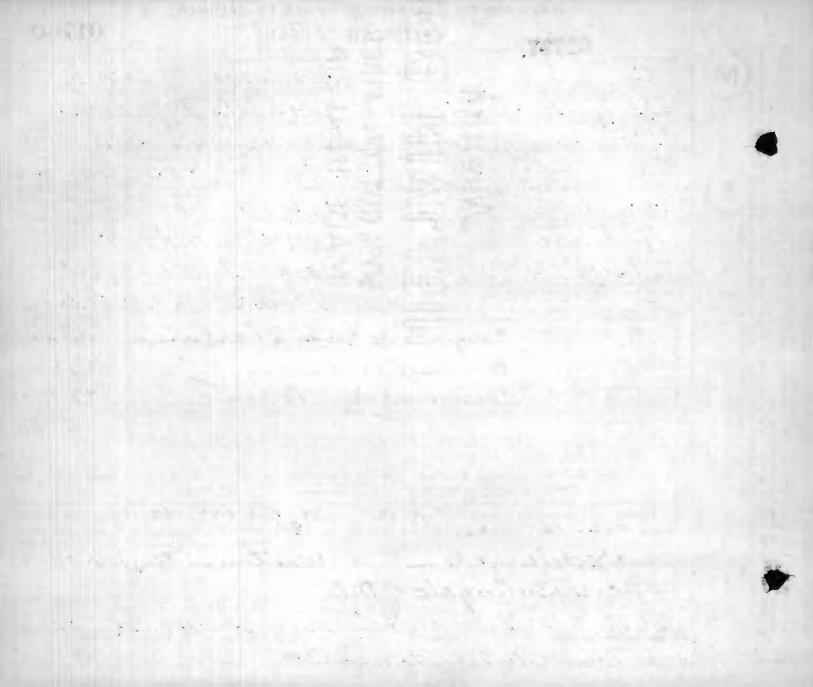
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01699 filed with Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) enus d. NAME OF HOSPITAL (If no) in hospital, give street oddress) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO DE NAME OF 4. DATE First Middle Month Day Year OF DEATH DECEASED (Type or print) 19 6 S. SEX UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) Months Doys Hours DIVORCED | WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during mast at working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 9 . ⊆ WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT offending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING - BAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. Recruity that (1) (this haspital) attended the deceased fram. 1144 1962 that (1) (we) last -- 19 6 2 and that death accurred at 22 M, from the cause and an the date stated above 122012 saw the deceased alive an 22a. SIGNATURI 22b. DATE ATTENDING SIGNED MED. STAFF PHYS. M.D. PHYS HYSICI 22d. ADDRESS NAME BURIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) page the St 2/12/62 Westminster Cemetery Westminster, Carroll Co. Md. 0 ADDRESS 25b. REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REGISTRAR 15M 9/59

AND STATE DEPARTMENT OF HEALTH



	CERTIFICATE OF DEATH Reg. Dist. No.	700
director	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a. STATE b. COUNTY CANNOTO	admission)
the funeral 2 should be	of historium	est town) 15 RESIDENCE ON A FARM? YES NO T
illed is	3. NAME OF DECEASED (Type or print) Middle BAKER A. DATE Morth Day OF DEATH FEB, 19	Year 1962
pletely f	Yelliall Mysule, WIDOWED DIVORCED Man 20 X/ V/s.	Hours Min.
and cam oan pape or death.	190. USUAL OCCUPATION (Sive kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign coefficient) 12. CITIZEN OF V Garing most of working life, event factored) 12. CITIZEN OF V GARDEN NAME	WHAT COUNTRY?
physician physician emave cart havrs afte	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Address	T
he death c e attending en please int within 73	PART I. DEATH WAS CAUSED BY	VAL BETWEEN T AND DEATH
ires that I	Conditions, if any, which gave rise to immediate cause (a), stating the under-	yen,
ohysician. 2s been sig ol-transit aval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED? YES NO
Han: The feeding ifficate he buri	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	<u> </u>
trail or at this cert are use as irremation	20c. TIME OF INJURY Manth, Day, Year Mourt a. m. 19 20d. INJURY OCCURRED Value of work of work of work 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	(Stote)
TENDING The haspi OR: After stached for burial, a	21. I certify that I attended the deceased fram 1944, to 1944, to 1944, to 1944 that I last saw alive on 1944, to 1944,	
OR AT	SIGNATURE & Billingale M.D. Westmister, M.d.	2-19-6
y be red UNERAL UNERAL registral	PHYSICIAN'S NAME (Type) C. 13/1/19 G.S. C. D.D. 220. BURIAL, CREMATION. 22b. DATE THEREOF ZC. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specific	(State)
OF PER OF	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 81' REGISTRAR 246. REGISTRAR'S SIGNATURE 240. REC'D 81' REGISTRAR 246. REGISTRAR 246. REGISTRAR'S SIGNATURE 240. REC'D 81' REGISTRAR 246.	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01718

01701

	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh		on: Residence before admission)					
1	Carroll	MARYLAND	Maryl	and b. county	Carroll					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write R	URAL and give nearest town)					
	Rural Union Bridge	Three Wks.	X Rural W	lestminster						
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
	OK INSTITUTION		R. D. #	5	YES NO TO					
	3. NAME OF First	Middle	Last	4. DATE Mon	oth Day Year					
	(Type or print) CHARLES	C.	BARNES	DEATH Fo.b.	8 1962					
		ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS					
	Male White WIDOWE		February 10	1875 last birthday)	Months Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done 10b. K	ANT.	STRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY					
	during most of working life, even if retired)	(Retired)	Marvlan	d	U.S. A.					
	Body & Fender Mechanic	(Hectied)	14. MOTHER'S MAIDEN N		0000					
	-									
	James Barnes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IF	Kitty	Shipley	ress					
	(Yes. no, or unknown) (If yes, give war or dates of service)			Hoiflow	Sama a= # 1					
	4 10		s. Leighton	Halley	Same as # 1					
	1B. CAUSE OF DEATH {Enter only one couse per line PART I, DEATH WAS CAUSED BY:	- tor (a), (a), and (c).	+ 1 1	1 9)	INTERVAL BETWEEN ONSET AND DEATH					
	IMMEDIATE CAUSE (a)									
-	DUE TO	DUE TO								
	Canditians, if ony, which agave rise to immediate (b).									
	cause (o), stating the under-									
	(6)	lying couse last. , (c)								
	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									
	5 arcinoma of T									
	OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Part I or Part II of item 18.)						
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m., While at work		ACE OF INJURY (Home, farm ctory, street, affice bldg., etc.		(Caunty) (State					
	≥ p. m. 19 at work									
	21. I certify that (I) (this haspital) attende	ed the deceased fram	1/19/62 19	10 2/8/62	, 19, that (I) (we) las					
	saw the deceased alive an 2/5/62	19 , and that a	leath occurred 8121	M, fram the causes an	d an the date stated above					
	220. SIGNATURE				22b. DATE SIGNED					
	Att Cancolo		M.D. PHYS. DI	RECTOR PHYS.	2/8/42					
	22c. PHYSICIAN'S NAME PEOPL	_	22d. ADDRESS	- 11 -	2 . 1					
	J.H. CARICE	34E	1185.MAII	NST. UNIONI	SRIGGE, Md.					
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town,	ar county) (State)					
1	Burial Feb. 10, 1962	Ebenezer Ce	emetery	Winfield, M	laryland					
7	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REGI	STRAR'S SIGNATURE					
V	C. M. Waltz. Box 241	. Svkesville	Md. DATE	a 1 3 162	Eng & Thomas					

THE RESIDENCE OF THE PROPERTY

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 01719 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY e. STATE b. COUNTY Carroll MARYLAND Balto City b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Sykesville 12yrs.3mos.26days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Formerly e. IS RESIDENCE ON A FARM? Springfield State Hospital Ferndale Avenue YES NO F NAME OF Middle DECEASED Ethel (Type or print) Amelia Barnes DEATH February 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & 1 ... or fore are country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Factory worker Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis M. Barnes Annie Rebecca Hardy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive wer or detes of service) No Springfield Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Septicemia Days IMMEDIATE CAUSE (e) DUE TO Pulmonary abscess Weeks Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause last PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY with cerebral arteriosclerosis. PERFORMED? YES IN NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part II or frem 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (Stete) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg., etc.) Hour a.m. While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from....October...15, 19.49 to February...1.1 19.62 that (I) (we) last saw the deceased alive on Pebruary 11 1962, and that death occured al 29 Mirom the causes and on the date stated above. ATTENDING STAFF DIRECTOR PHYSICIAN'S 22d. ADDRESS Agustin delCampo. M. D. Springfield Hospital, Sykesville, Maryland 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) Mt. Olivet Cemetery Baltimore, Maryland Burila 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS POATFEB 1 3 '62 Circhar S. Thomas · Had

within 24 hours after

be executed

<u>_</u>__'

please and in

PHYSICIAN: The law requirements the hospital or affending physician.

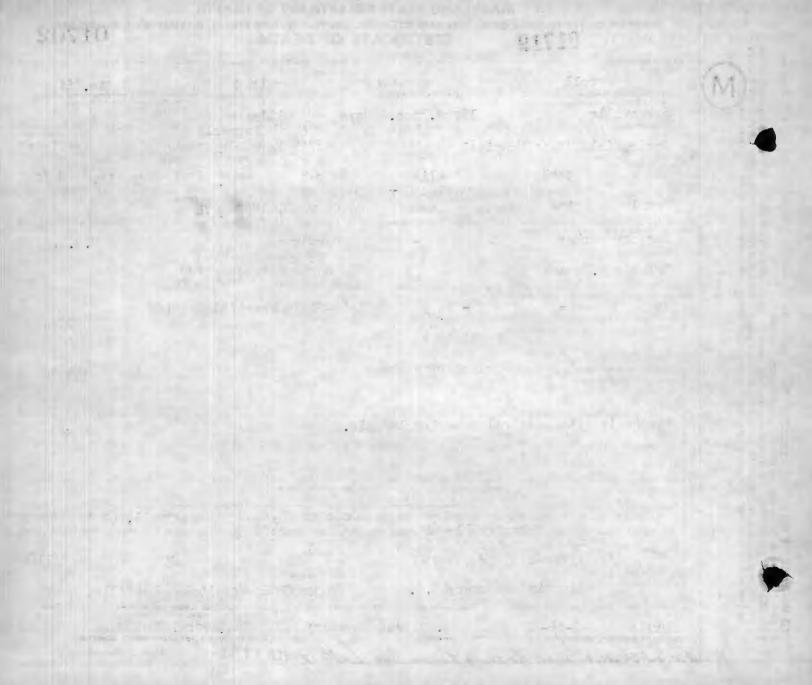
DIRECTOR:

ector,

O.F.B

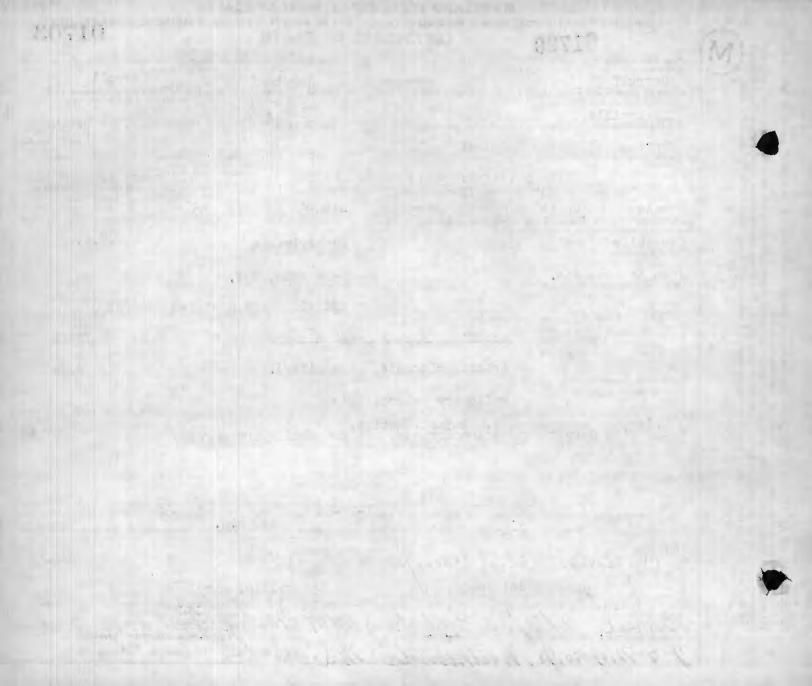
VR A15 (4)

15M 7 61



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET. BALTIMORE 1. MAR CERTIFICATE OF DEATH 01720 funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) e. COUNTY b. COUNTY Carroll by the Carroll MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL and give neerest town Finksburg Sykesville within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO F Springfield State Hospital executed 3. NAME OF 4. DATE Middle Month DECEASED Sally (Sarah) (Type or print) Ann Knouse DEATH BARNES February 19 62 AGE (In years | IF UNDER I YEAR | 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH IF UNDER 24 HRS. and last birthday) Months female WIDOWED [DIVORCED physician se remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Housewife Pennsylvania
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME e attending I Then please John Knouse, dec. Jane Mann. dec. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or deles of service) Springfield State Hospital Records 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic heart disease. years IMMEDIATE CAUSE (e) DUE TO Arteriosclerosis, generalized. Conditions, if any, which years gave rise to immediate cause DUE TO (a), stating the underlying Pulmonary tuberculosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? lmonary tuberculosis, minimal: active. CBS with cerebral arteriosclerosis, without qualifying phrase NO K 20b. DESCRIBE HOW INJURY OCCURED. (Enfer neture of injury in Pert I or Part II of Item 1B. OR CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, term, (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20f. (City or lown) (County) Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While MEDI et work | el work 21. I certify that (I) (this hospital) attended the deceased from 1-27-61 2-4-62, 19....., that (I) (we) last saw the deceased alive on......2-4-62 22e, SIGNATURE SIGNED ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS 22k, PHYSIG AN'S NAME Agustin del Campo. M.D. Sykesville. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county), 23a, BURIAL, CREMATION, 23b. DATE THEREOF (Stele) の音器 REMODVAL [Specify] 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SHOWATURE FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 15M 7/61 Cirlling S. Mrous

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased Irvad, If institution, Residence before admission) a. COUNTY **b.** COUNTY Carroll MARYLAND Maryland b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) 36 days Sykesville Baltimore 14 . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO Springfield State Hospital Linwood NAME OF 4. DATE Middle Month Day DECEASED OF 62 (Type or print) DEATH 19 Stella Bartnik 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | and last birthday) Months | Days Hours WIDOWED Y D-YORCED Female November evení, **Femove** 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHP. ACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) U.S.A. Housewife Germanv 13. FATHER'S NAME MOTHER'S MAIDEN NAME ם 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) No Springfield Hospital Records 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Septicemia days burial-transit **DUE TO** Large infected pressure.sores weeks Which geve rise to immediate cause **DUE TO** (a), stating the underlying cause last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+), 19. WAS AUTOPSY CATION Parkinsonism. PERFORMED? C.B.S. with cerebral arteriosclerosis with psychotic reaction 50 NO 200. ACCIDENT WAS UNDERLYING [
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NURT OCCURED. (Enter neture of injury in Pert I or Pert I of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or fown) (County) (State) fectory, street, office bldg., etc.) Not While Hour e.m. et work at work 19 p.m. 1902, that (I) (we) last 22b. DATE 22a. SIGNATURI 987 ATTENDING STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME ITY Campo, M.D. Agustin del Springfield State Hospital, Sykesville, Ad 23d. LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY 23e, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) の意思 SOMERSET BURTAT? Bean Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE VR A15 (4) Wm. Cook Blight Inc. 6009 Harford Rd. Balto. 14. Md. File ISM 7/61 - mais & true

within 24 hours after

death certificate be executed

attending physician,

has been signed by

After

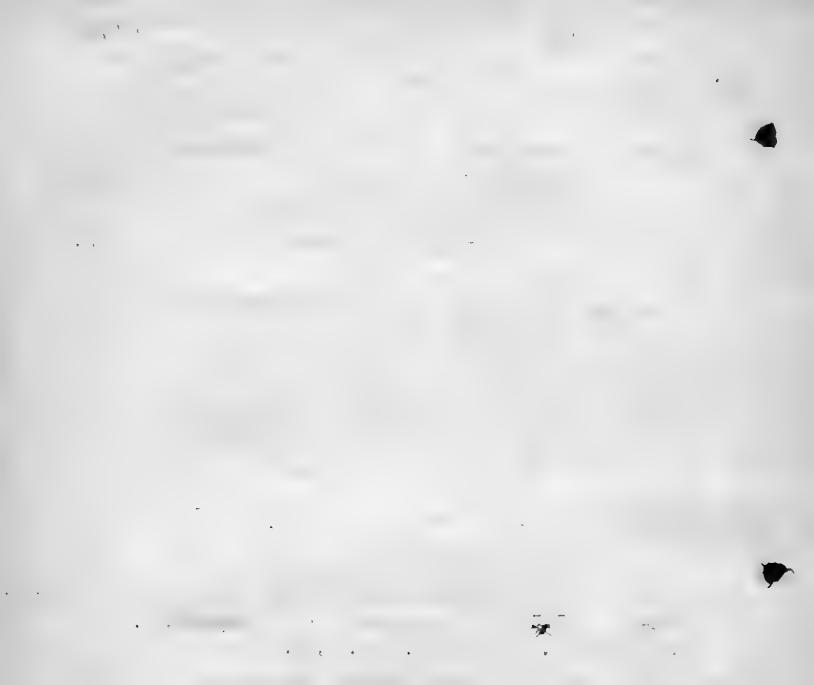
DIRECTOR:

FUNE

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complete



	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	MARYLAND 01205
4	Items 2 & 23 Film G ₂ 07 2/12/62 iwk	01/03
	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where daceased lived, if institution a. STATE b. COUNTY	
ŀ	Carroll MARYLAND Maryland MC	_ 1
1	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	nd give nearest lown)
H	(Pural) Sykesville, 41y 10m 9da, Prongenty to/this/hashira, frod. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	AND THE RESIDENCE
l	1 /MO AGALTERS/FIVER AGE/DL. ST	ON A FARM?
ŀ	Springfield State Hospital 3. Name of first Middle time of Science Full Brank y St	YES NO NO
	DECEASED (Type or origin) DESTINATION DEST	
ŀ	Karl —— Beaumont 2 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years If UNDER	8 19 62 ET YEAR IF UNDER 24 HRS.
ı	male white widowed Divorced unknown 60-? yrs.	
H	total Occupation (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (County & State, or foreign country) 12. C	TIZEN OF WHAT COUNTRY?
П	cone during most of working life, even if refired)	
┝	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	A
l	Carl Garage	
	Carl Geseck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [[flyasgivawarordatasof/service]]	
	unknown Hospital Records	
	18. CRUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
П	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Massive pulmonary embolism	Minutes
1	7.22 "SDUE TO	
ı	Conditions, if any, which (b) Myocardial Failure	Hours
	(a) stating the underlying > DUE TO	1 34 12
	Cause last (c) Myocardial Fibrosis FART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	Months
E	E Schizophrenia, hebenhrenic type	PERFORMED?
-	Purlent sinusitis, frontal 200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part for Part II of Itam 18.)	115 [] NO []
	OR CONTRIBUTING CAUSE OF DEATH OF ITHER, NOTIFY MEDICAL EXAMINER.	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown)	ounty) (5tala)
1	Hour_a.m. While Not While factory, streat, off ce bidg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from	2 that (i) (we) last
	saw the deceased alive on 2-8 19.62, and that death occured at 8.30, from the causes and on	the date stated above
	22a 5 GAMSTURE	27h DATE
	PHYS. DIRECTOR PHYS.	2/8/62 .
	22c. PHYSICIANS NAME (Type) NAME (Type)	
	Naci N. Buyukumsal, M.D. Springfleid Hospital, Sykesv	
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or countermost)	nly) (Stale)
	Burial 2/10/62 Mt. Olivet Cem. Frederick Rd.	Balto. Md.
		,
Č.	Teorge of Achieval 211. Fredh. Une., Bette - BATTER 13'62	, / 0,550,6
	max.	



	DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
	01723 CERTIFICAT	TE OF DEATH	01706
	PLACE OF DEATH e. COUNTY Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where decessed lived, If institution 5. STATE Maryland City OR TOWN (If outside corporate limits, write RURAL)	+== /
5	write RURAL and give nearest lown] Syke sville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baltimore 11 d. STREET ADDRESS	3 y 1 - 4 e. IS RESIDENCE ON A FARM
3.	Springfield State Hospital NAME OF PRINCE PRINCE Middle Middle (Type or print) Leo	Belchner Belchner Assets Avenue Month Pearth February	Day Yes NO 5
10	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED X B. Male White Widowed Divorced Outlines or industry DO USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY)	ctober 18, 1894 9. AGE (In years if UND) Months otober 18, 1894 67 yrs.	RIYEARI IF UNDER 24 HRS
	Spray Painter FATHER'S NAME Spray Painter	Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.
15 (1	George Andrew Belchner 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. THE CES, no., or unknown) (Ifyesgivewerordelesofservice) 218-10-3844	Rosa McCarthy_ NFORMANT Address pringfield Hospital Records	
_	18. CAUSE OF DEATH [Enter only one cause per line for (a , (b), end (c).]	ardiovascular disease	interval between onset and death Years
	Conditions, if any, which gevernse to immediate cause [e], steting the underlying course last. (b) Generalized arteric DUE TO (c) Far advanced bilate	eral pulmonary T.B. Active	Years
GERTIFICATION	Deferred. 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 1 CAUSE OF DEATH	(Enter nature of injury in Part I or Part I, of item 18.)	YES NO
MEDICAL CER		CE OF INJURY (Home, farm, 20f. (City or lown) [City, street, office bldg., etc.]	County) (State)
	21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on	death occured at 4: 16, from the causes and or	the date stated abov 22b. DATE S.GNE
2:	Agustin del Campoy M.B. Ja. BUR.AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY C	22d. ADDRESS Springfield State Hospital,	
	REMOVAL (Spedity) PUNCHA DIRECTOR'S SIGNATURE ADDRESS ADDRESS	Michael By REGISTRAR 256. REGISTRAR	'S SIGNATURE
1	THUMBLE OF STEPHENT - STANDER	LI STATE SESTION OF AME	1 B. Thomas



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN FOR STATE MEDICAL EXAMINER'S FALTIL DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission) a COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 outsida corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) INSTITUTION (if not in hospital, give street addrass) IS RESIDENCE ON A FARM? NO Z 3. NAME OF DECEASED OF (Typa or print) 6 COLOR OR RACE 7, MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR NEVER MARRIED IF UNDER 24 HRS (ast birthday) Months 1 Days DIVORCED ISUAL OCCUPATION (Giva kind of work 106. KIND OF BUSINESS OR INDUSTRY 12 BIRTAPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO., 17. INFORMAN (Vés, no, or unkown) | (lives giva war or dates of sarviça) 18. CAUSE OF DEATH [finler only one cause per line for (a), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any Which (b) gava rise to immadiate causa DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. 19. WAS AUTOPSY CERTIFICATION PERFORMED? DESCRIBE NOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS CAUSE OF DEATH CAL 2Dd. INJURY OCCURRED , 2Da. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar factory, greet, office bldg., etc.) Not Whila - 2C 19 5 D at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion 0 Undetermined manner death resulted from: Suicide Homicide Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED: CAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S N.KME (Typa) Addrass (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country 225 DATE THEREOF ₫40 g 24a. REC'DAY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Thrank 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



1 1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01708
HEALTH DEPT.	
32 10	e. COUNTY
Page 6	CARROLL COUNTY MARYLAND CARROLL
# # # # M	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
E 2 2 2	WESTMINSTER, MD. 8 PAYS WESTMINSTER, MD.
Bos X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ### d. STREET ADDRESS ### d. STREET ADDRESS ON A FARM?
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d Sark Bark Bark Bark Bark Bark Bark Bark B	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IIF UNDER YEAR IF UNDER 24 HRS. In years IIF UNDER YEAR IF UNDER 24 HRS. In years IIF UNDER YEAR IF UNDER YEAR IF UNDER 24 HRS.
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Sit P	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSE AND DEATH
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Med Wed	PRIMARY Or CONTRIBUTING CAUSE OF DEATH
ing ing 3 s ourie	
Writing So	Hour a.m. While Not While factory, street, office bldg., etc.)
ior in the	
H S S S S S S S S S S S S S S S S S S S	21 I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
D de de la	death resulted from: Natural causes M. Accident Suicide Homicide Undetermined manner
MEDI b the forwar L DIR sted ag	ACTUAL STORY OF THE ACTUAL EXAMINER ASSISTANT MEDICAL EXAMINER
ME the the forward of the control of	SIGNATURE M.D DEPUTY MEDICAL EXAMINER SIGNATURE SIGNATUR
PUT BE FOR INCHARIA	NAME (Type) TAMES / MARS T/ Address (Streat, city, lown, g county)
DEPU should FUNI	22a. BURIAD CREMATION 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) [Siste]
0 4 2 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	BURIAL 2/9/62 KRIDER'S CEMETER WESTMINSTER, MD.
H	23. JUNERAL DIRECTOR 1 1/1/1 ADDRESS . 1 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	James D. Safflefe West m was a Ma DATREWED 9 162 1 when I trave
11/4	V



4/01/62 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution. Residence before edm ssign) a. COUNTY b. COUNTY Maryland Frederick Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) 2mos.9days Frederick Sykesville & NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R#4. Box 173 Springfield State Hospital YES NO X 3. NAME OF DATE Middle Month Yeer DECEASED (Type or print) DEATH February Howard Bover Tracev 19 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months | Days April 16, 1885 Male White WIDOWED IX DIVORCED [physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 B RTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Marvland Railroad worker 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ease ng physician. 근, and John H. Boyer Amanda Tracev 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. | 17, INFORMANT Address (Yes, no, or unkown) [[fyesgivewerordatesofservice] Springfield Hospital Records No 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (e) Years DUE TO Conditions if any, which Prostatic hypertrophy with urinary retention Unknown (b) geve rise to immediate cause DUE TO (e), steting the underlying couse lest. RAPT II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8) 19. WAS AUTOPSY C. B. S. assoc. with senite brain disease with psychotic reaction. PERFORMED? CERTIFICATION Possible malignancy. NO X 20e ACCIDENT WAS UNDERLYING] OR CONTRIBUTING [] CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18) (IF EITHER, NOT.FY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, ferm, 20f, {City or town) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED (County) (State) factory, street, office bldg , etc.) While Not While Hour am. et work 21. I certify that (I) (this hospital) attended the deceased from 12/5/61 19 ... to February 14 19.62 that (I) (we) last saw the deceased elive on February 13,1962, and that death occured an: 20AMfrom the causes and on the date stated above. 220 SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22c PHYSICIAN S 22d. ADDRESS NAME (Type death. P. director, p. be filed wi Agustin del Campo. M.D. Springfield Hospital, Sykesville, Md. BURIAL CREMATION, 23b (Specify) 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR ATS (4). M. R. Etchison & Son, 5 '62 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. M CERTIFICATE OF DEATH funerationship 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. COUNTY b. COUNTY by the and 2 death. Carroll Baltimore MARYLAND b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) mo. 15 dys. Baltimore 34, Maryland Rural--Sykesville d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Springfield State Hospital 9039 Simms Avenue YES NO TA pletely 3. NAME OF Middle Lasi A. DATE Month DECEASED OF Alice Elizabeth 19 62 (Type or print) Burgan DEATH COM and cor 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. AGE / years IF UNDER 1 YEAR last b hday) Months ! Days eventy white female WIDOWED IX DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? 8 RTHPL (CE (County & State, or foreig country) done during most of working life, even if retired Housewife Marvland USA 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME David Grover unknown ם 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) physician, Springfield Hospital records - Sykesville. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac insufficiency days IMMED ATE CAUSE IN Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying has cause last the PART II, OTHER S GN HICANT CONDITIONS CONTRIBUTING TO TEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CHRONIC brain syndrome with senile brain disease without qualifying PERFORMED? S CERTIFICATI NO X DESCR BE HOW INJURY OCCURED, [Enter neture of injury in Pert , or Part II of item 18.] 200 ACCIDENT WAS UNDERLYING [1] 20b. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) AEDICAL 2Dc. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) may be retained DIRECTOR: Af fectory, street, office bldg., etc.) While Not While Hour a.m. al work at work 19 21. I certify that XI) (this hospital) attended the deceased from.... saw the deceased alive on. 22b. DATE 22a. SKONATURE ATTENDING DIRECTOR FUNERAL PHYS. 22d, ADDRESS Springfield State Hospital 22€ NAME (Type) Buvukunsal. Naci IV . Sykesville, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele) O.F. REMOVAL (Specify) Baltimore Md. Moreland memorial Cemetery burial FUNERAL DIRECTOR'S SIGNATURE REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4)

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 12 MAR CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased kived, if institutions Residence before edmission) a. COUNTY **b.** COUNTY Carroll MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 26y. lm. 26d. Rural--Sykesville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Springfield State Hospital 731 Reservoir Street YES NO X completel 3. NAME OF M ddle DATE Month Yaur DECEASED OF (Type or print) Richardson DEATH Finma 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS. B. DATE OF BIRTH pue last birthday) Months Days female white WIDOWED DO DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore gin country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife Marvland USA 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending , John Richardson Dubamel Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgive war or dates of service) remova ig physician. Springfield Hospital records - Sykesville, Md. no unknown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral varcular accident ten davs IMMEDIATE CAUSE (a) DUE TO Conditions, if any, (b) geve rise to immediate cause DUE TO (a), slating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Paranoid reaction, paranoid state. 208. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert It of Item 18.) 20c. TIME OF INJURY Month, Day, Yaar 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (Coun y) (Stata) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 21 | certify that OK (th's hospital) attended the deceased from....... 1962, that (kt (we) last and that death occured at 10:30 from the causes and on the date stated above. saw the deceased alive on...... may b 22a. SIGNATURE 22b. DATE **ETINDING** SIGNED DIRECTOR 22c. PHYSICIAN'S Springfield State Hospital NAME (Typa) Buvukunsa Sykesville, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION (Stala) ខ្មុំខ្មុំ 2-10-62 Druid Ridge Pikesville. Md. 25. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 13 Mitchell & Sons, Inc DATE 1900 Eutaw Place

law requires that the death certificate be executed



<u> [[STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND</u> CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND Carroll Marvland b. CITY OR TOWN if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Baltimore 31 Svkesville 8mos.29dvs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 1921 E. Fayette St. Springfield YES NO IX State Hospital executed completel DATE Middle DECEASED (Type or print) DEATH February Howard Clark 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) and Months Deys Male White Hours WIDOWED [DIVORCED X April 14. 10a USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Marvland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or dates of service) Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease. Years. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause **DUE TO** (e), steting the underlying cause last. PART IL OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY CERTIFICATION C.B.S. assoc. with circulatory Disturbance with psychotic reaction. PERFORMED? NO X 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert II or Pert II or Pert II of item 18.)
OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work | et work ...2-9- ...19.62..., and that death occurred at 1.15M, afford the causes and on the date stated above. saw the deceased alive on... 22b. DATE 226. SIGNATUR ATTENDING SIGNED DIRECTOR PHYS, 22d. ADDRESS 22c. PHISICIAN'S NAME (Type Campo. Agustin del Springfield State Hospital, Sykesville, 230. BURIAL, CREMATION. ÷ 2 O . 256. REGISTRAR'S 25a. REC'D BY REGISTRAR 24-EUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Christian L. 15M 7,61



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY 424 Carroll? MARYLAND Maryland 70 b. CITY OR TOWN (if outs de porporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give necrest town) write RURAL end give nearest town) lvr.5moths 16dvs. 31/01 Sykesville Baltimore 31 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS #. IS RESIDENCE ON A FARM? YES NO Springfield State Hospital complete, 3. NAME OF DECEASED (Typa or print) Marie DEATH Connie Cull lum 19 and cor 5. SEX 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TENEVER MARRIED B. DATE OF BIRTH last birthday) Months Deys Hours White Female WIDOWED October 8, 1889 DIVORCED [physician 10a. USJAL OCCUPATION (G.va kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Housewife Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 Frank . Deitz Mollie Elizabeth Vogel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyesgivawarordetasofservice) Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Septicemia IMMEDIATE CAUSE (+) Days DUE TO Pulmonary abscess Weeks Conditions, if any, which 16) gave rise to immediate causa DUE TO (a), steling the underlying Bed sores ceuse last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. 19. WAS AUTOPSY latent syphilis. Old myocardial infarction, so assoc. with cerebral arterio. with psychotic reaction. PERFORMED? Old myocardial infarction, years. NO 20e ACCIDENT WAS UNDERLYING | | 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Bome, farm. 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While 0 Hour e.m. at work af work 21. I certify that (1) (this hospital) attended the deceased from........9-26-saw the deceased alive on ... 2 226. DATE 22e 5 GNATURE ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME (TYE Agustin del Campo. \$pringfield State Hospital, Sykesville, Md. death.
TO FU 23a, BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) State REMOVAL (Specify) Burial 2-15-62 Holy Redeemer Cemetery 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S [4] ~ 1SM 7/61 Chilles S. Thomas DATESER 1 3 '62

RYLAND STATE DEPARTMENT OF HEALTH



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200	1		OR INSTITUTION				ON A FARM?
hav and		3.	NAME OF First	Middle	Lost	4. DATE	Manth Day Year
24 Illed			Type or print) BETTTY		DAVIS	DEATH HO	oruary 3. 1962
hin Page		5. 9		RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE	In years IFUNDER I YEAR IF UNDER 24 HRS
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utec		-	USUAL OCCUPATION (Give kind of work done 10)	b. KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN OF WHAT COUNTRY
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

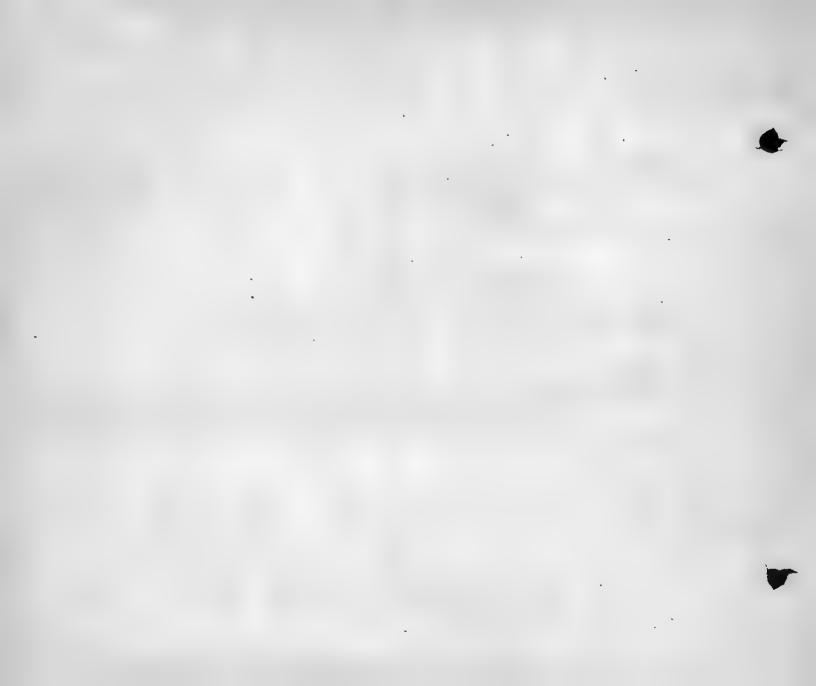
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) e. COUNTY b. COUNTY Carroll MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Baltimore 24 Sykesville 2vrs9mos10dvs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 612 S. Macon Street Springfield State Hospital YES NOTE completel 3. NAME OF Middle DATE DECEASED (Type or print) Alice Eiler DEATH 1962 Greason February 16 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH and last birthday) Months Female WIDOWED TO DIVORCED October 25 $8\mathbf{B}$ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired U.S.A Housewife 13 FATHER'S NAME Joseph Greason Elizabeth Ziegler 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (If yes give we ror detes of service) No Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Years Arteriosclerotic heart disease. IMMEDIATE CAUSE (a) Generalized arteriosclerosis. Years. gave rise to immediate cause DUE TO (e), stelling the underlying PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 6) 19. WAS AUTOPSY C.B.S. associated with cerebral arteriosclerosis with psychotic reaction yes 20a ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH MEDICAL 20c TIME OF INJURY | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour n.m. et work at work 5-6- 21. [certify that (I) (this hospital) attended the deceased from. 22b. DATE 22a. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS NAME FUNE (Type) director, p Agustin del Campo. Springfield State Hospital, Sykesville, 238. BURIALI CREMATION | 236. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7.61

AND STATE DEPARTMENT OF HEALTH



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18. P.M. ermin			18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:
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EXZ Militing Mile A			21. I certify that I look charge of the remains described above, held an Autopsy , Inspection , Inquiry X, and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
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V\$. A15ME(5)	M		3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS - 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL MEDICAL EXAMINER'S CERTIFICATE OF DEATH IH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY b. COUNTY Carroll Marvland MARYLAND Frederick b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Sykesville lvr.6mos.2davs Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 15 RESIDENCE ON A FARM? Springfield State Hospital None YES NO TO retaine e State 3. NAME OF M.ddle 1 4. DATE Year DECEASED OF (Type or print) William Freed DEATH February 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | FUNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Male WIDOWED TO DIVORCED Sept. White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore gn country) 112. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Marvland Various U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edwin Freed Thannie Baker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgive warordelesofservice) Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Heart failure IMMEDIATE CAUSE (a) vears DUE TO Severe artoriosclerotic heart disease Conditions, if any, which (b) vears gave rise to immediate cause DUE TO (a), stating the underlying cause fast. C.B.S. assoc. with cerebral arteriosclerosis with psychotic reaction. 19. Was autopsy performed? CERTIFICATION NO Fracture, head of humerus, 206. EXTERNAL CAUSE WAS 206. EXTERNAL CAUSE WAS 206. DESCRIBE HO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Port II of Item 18.) PRIMARY IT or CONTRIBUTING IT Unknown. CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ' 20f., (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stelle) isclory, street, office bidg., etc.) 7 10 62 While Not While K Hospital Svkesville Carroll Md. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry and in my opinion forwarded death resulted teams Natural causes Accident Suicide Homicide 1 Undetermined manner DIREC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATUR EPUTY MEDICAL EXAMINER EXAMINÉR'S James T. Marsh, M.D. NAME Wype Address (Streat, city, town, or county) 22a. BURIAL CREMATION, 22b. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial Mount Olivet Cemetery Frederick, Maryland 240 9 24a. REC'D BY REGISTRAR I 24b. REG STRAR'S SIGNATURE VS. A15ME Frederick. 5M 7/59 DATEFEB 2 1 '62



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	APVIAND
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Stal	saw the deceased alive on	22b, DATE
¥ /	Sam Chutman M.D PHYS. MED. STAFF 2.6 16	SIGNED
ed with t	1220 PHYSICIAN'S NAME (Type) Sani Okutman 22d. ADDRESS Soyke Scille, Ma	el,
4	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION ICAN Jown or county)	(State)
3.8	BiriAL 2-12-62 Stiffer Tite Chillmone,	M1
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CERTIFICATE OF DEATH Reg. Dist. NO1719 01736 after death. Page PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY filed. b. COUNTY MARYLAND funeral è CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 1b autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lower shauld d. NAME OF HOSPITAL (If not in haspital give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO executed within 24 haurs .5 DATE OF DEATH NAME OF Middle 4. First Year Day filled DECEASED (Type or print) 196 SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIEDA NEVER MARRIED DATE OF BIRTH completely last birthday) Manths Days Haurs WIDOWED [USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? dyfing mast of working life, even if (etired) and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI Address (If yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO è Canditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underand been si lying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Manth. Doy Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (State) (County) factory, street, affice bldg, etc.) Haur a m. While Nat while at wark at wark That I last saw the deceased 21. I certify that I attended the deceased fram, alive an **PM**, fram the causes and an the date stated abave. AECTOR: ACTUAL 3 shauld PHYSICIAN'S NAME (Type) BUR AL CREMATION. 22d LOCATION (City 23. FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 8 Kraus VII A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



PYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. COUNTY **b.** COUNTY Carroll MARYLAND Marvland Allegany Co. b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and o ve nearest town) 27 days Sykesville, Maryland 21 vrs./10
d. NAME OF HOSPITAL OR INSTITUTION (# not in hospital, give street eddress) 121 yrs./10 mos. Cumberland d STREET ADDRESS IS RESIDENCE ON A FARM? 20h Glenn St. Springfield State Hospital YES NO E 3. NAME OF Middle DECRASED OF (Type or print) DEATH Elizhbeth GOEMAN February 1. IF JNDER 24 HRS. 6 COLOR OR RACE 7, MARRIED TO NEVER MARRIED 8. DATE OF BIRTH last birthday) | Months | Days female white WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 1 106. KIND OF BUSINESS OR INDUSTRY 11 B.RTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRYS done during most of working life, even if retired) Housework Allegany Co. Maryland attending pi 13. FATHER'S NAME Harriett Brotemarkel Milton Hite 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Springfield State Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: dav IMMEDIATE CAUSE (e) Mycardial infarction DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stelling the underlying PART I, OTHER SIGN, FICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a) 19, WAS AUTOPSY PERFORMED? NO X Involutional psychotic reaction. 206. ACCIDENT WAS UNDERLYING 1 206. DESCR.BE HOW INJURY OCCURED. (Enter neture of in any in Part , or Part II of Item 18.)
OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJRY OCCURRED 20e PLACE OF INJRY (Home, farm, 20f. (CHy or town) (Stete) 20c. TIME OF INJURY Month, Day, Year be retained to CTOR: After fectory, street, office bldg., etc.) While _Not While et work et work ATTENDING SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN Buyukunsal, M.D. Sykesville. Maryland 23a. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) REMOVAL (Specify) 0 Feb 7- 1962 Rosehill Cemetery Cumberland Maryland Burial 401 Decatur Cumberland 25m. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Street Maryland DATE 15M 7 61 Ciriling & Kross Ruth E. Silcox



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. CAUNTEDET. **b.** COUNTY Marvland Baltimore city > 12¢ MARVIAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) DVKESVI TE nearest town) lvear 7mo 6da. Baltimore d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street eddress) IS RESIDENCE ON A FARM Springfield State Hospital 1230 E. Belvedere Ave. YES NO 3. NAME OF Middle DECEASED George Leonard Hebble Feh. (Type or print) Male 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Moths Days WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11 B RTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? doned no most of working life aven (period) Baltimore, Maryland Unknown U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christine Wittig George Hebble 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOC AL SECURITY NO. 17. INFORMANT removal, (Yes, negg: unkown) | (Ifyesgivewerordetesofservice) Springfield State Hospital Record Sykesvielle 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Inanition due to old age IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, gave rise to immediate cause **DUE TO** (a), steting the underlying A.S.C.V.D. cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY C.B.S. Associated with cerbral Arteriosclerosis with Psychotic reaction yes 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of 'tem iii) OR CONTRIBUTING [] CAUSE OF DEATH 20d. NJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c, TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work n.m. 22b. DATE ATTENDING Y SIGNED DIRECTOR PHYS. PHYS 22d. ADDRESS 226 PHYSIC Agustin del Campo Springfield State Hospital 23d. LOCATION (City, town or county) 23a BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) BURIAL 25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 14 PUNERAL DIRECTOR'S SIGNATURE

RYLAND STATE DEPARTMENT OF HEALTH



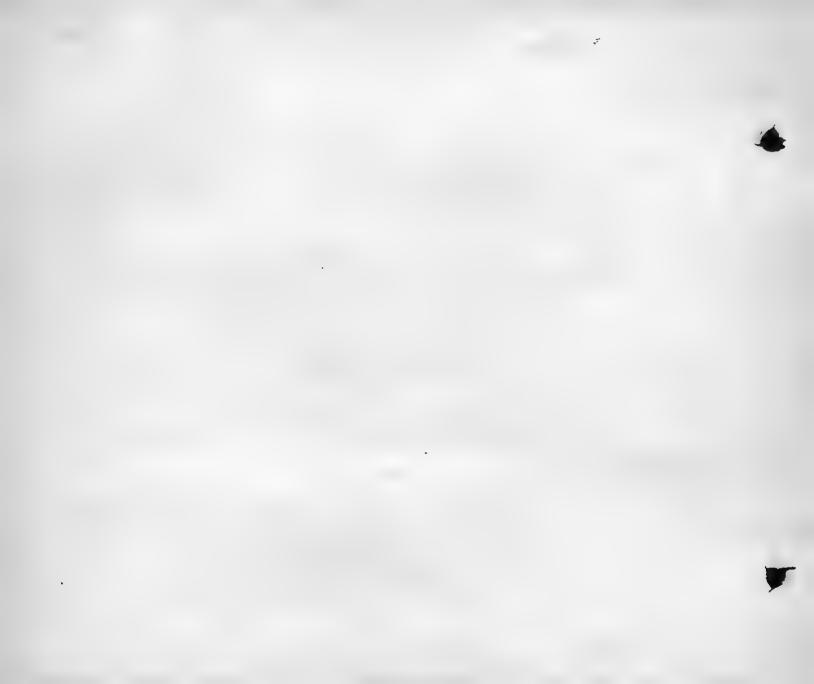




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYL CERTIFICATE OF DEATH

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5 SEX 6. COLOR	OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	In years IF UNDER 1 YE	FAR IF UNDER 24 HRS
FU	WIDOWE		11/17/1881		manths Day	ys Haurs Min.
10a USUAL OCCUPATION (Give kin	nd af wark dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN	OF WHAT COUNTRY
House Region	en if retired)		York Co	. 600	6	1517
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME .	. 1/7 :	
Milled	cer 74.74	ein CC	Callean		autito"	
IS. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT		Address	
(Yes, no, or unknown) (If yes, give wa	er or dates of service)	77	Currell'Her	chat 7	Kanetweel	ter, met
18. CAUSE OF DEATH [Enter of	anly ane cause per lig	ge far _a (a), (b), and (c).]	00	/		NTERVAL BETWEEN
PART I. DEATH WAS CA			Th	1 1		INSET AND DEATH
	E CAUSE (a)	weaver.	Myoca	rdelie	/	
	DUE TO	4.0	00.31	\wedge	10	
Conditions, if any, which	1 miles	mertensine	Cardin 1/2	10 11 Paxi	(Jesepas)	
gave rise to immediate	DUE TO	7				
cause (a), stating the under-	L DOE TO P					
lying cause last.	(c)					
PART II. OTHER SIGNIFF	CANT CONDITIONS C	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PART 1(d	1) 19 WAS AUTOPSY PERFORMED?
[5]						YES NO DO
E 200 ACCIDENT WAS UNDERLY	ING TI 20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of ite	m 18.)	
OR CONTRIBUTING EL CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH!	-				
20c. TIME OF INJURY Month,	Day, Year 20d, IN	NJURY OCCURRED 20e. PI	ACE OF INJURY (Hame, farm	20f. (City or town)	(Cour	ity} (State)
Hour a m	While	Nat while fo	clary, street, affice bldg., etc			
		k of work			. 2	
21 I certify that (I) (this					7 196.4	
saw the deceased alive	an Jane 2	3. 19.6. and that	death occurred at	M, fram the ca	uses and an the di	ate stated abave.
22a. SIGNATURE	al 10					22b DATE
Topal 1	1.125	ente	M D PHYS. M	ED STAFF	n 1-	7-62 SIGNED
22 PHYSICIAN'S	- axa		22d ADDRESS	KECTOR L. THIS	<u> </u>	,
NAME (Type) To SE	6 h = .	Bush	Dyama	CLEAN	1701	1.11
2,030	71 6, 1	0030	/V/17 *** //	3 / F/ 12	- July	and
REMOVAL (Specify)	TE THEREOF	23c NAME OF CEMETERY &	//	23d. LOCATION (CI	y, tewn, or county)	(State)
24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	250 REC	1	SSB REGISTRAR'S SIGNA	
A SIGNATURE SIGNATURE	NL 4			4.6.100	SB REGISTRAR'S SIGNA	
Mesergia	(Steer Rock	O DATE ET	1 3 '62	- mi 25, . 6 m	



TO HOSPITATION OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part may be retained by the hospital or altending physician. IO FUNERAL DIRECTOR: After this certificate has been signed by the eltending physician and completely kin by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, generating or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution:	Residence before admission)
Carroll MARYLAND	Maryland Balt	imore v
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		
Sykesville 15 days	Towson 4	· v · 2
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	I . IS RESIDENCE
Springfield State Hospital	8208 Loch Raven Blvd.	ON A FARM?
3. NAME OF First Middle	last 4. DATE Month	Day Year
DECEASED	OF	M
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	Helgert DEATH February B. DATE OF BIRTH 9. AGE (In years IF UNDER	5, 19 62 E YEAR IF UNDER 24 HRS.
	November 16, 1889 72 Yrs 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. B RTHPLACE (County & State, or fore gn country) 12. Cl	TIZEN OF WHAT COUNTRY?
Housewife -	Germany	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Kauper	Margaret Norndorfer	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) { llyes give werer dates of service	INFORMANT Address	
No -	Springfield State Hospital Re	md -
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	phingrieta page noghreat we	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic	heert diseese	Years
A O X DUE TO	MANIA 'ATDAORA'	, 10019
Conditions, deny, which (b) Diabetes Mellitus	8	Va m.
gave rise to immediate cause	<u> </u>	Years
(a), slating the underlying DUE TO		
Cause last. (c) Z PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT BELLED TO THE TENNING DISTANCE CONDITION ON THE INCOME	10 WAS A BODSY
E SALL STREET SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT T	NOT RECUIED TO THE TERMINAL DISEASE CONDITION GIVEN IN YAK	PERFORMED?
C.B.S. assoc. with senile brain disease 200 ACCIDENT WAS UNDERLYING 1 200. DESCRIBE HOW INJURY OCCUR	se, with psychotic reaction.	YES NO K
C.B.S. assoc. with senile brain disea; OR CONTRIBUTING TO DEATH BUT IS C.B.S. assoc. with senile brain disea; 20a ACCIDENT WAS UNDERLYING TO 20b. DESCR BE HOW INJURY OCCUR OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OF CHIEFT MEDICAL EXAMINER)	ED. (Enter nature of Injuly in Part I or Part II of item 18.)	
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 26e. P. Hour a.m. While Not While at work at work at work	PLACE OF INJURY (Home, farm, 20f. (City or lown) (Considering, street, office bldg., stc.)	unity) (State)
Hour a.m. yhile Not While Is at work at work	indext, man, and and an order	
21. I certify that (I) (this hospital) attended the deceased from	1-20- 1962 to 2-5- 19	62 that (I) (we) last
saw the deceased alive on		
220. SIGNATURE		22b DATE
Cours fel Manchen	M.D. PHYS. DIRECTOR PHYS	2-5-SIGNED
22K. PHYS CLAN'S	22d ADDRESS	2-7-02
NAMY (Type) Agustin del Campo, W.D.	\$pringfield state Hospital, S	ykesville, Md
23a, BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d, LOCATION (City, town or coun	(Clata)
DEMOVAL (Specify)		
		_
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
DIPPEL BROS 7110 BELAIR	ROAD DATE FEB 7 '62 Urlhur	8. Kraya

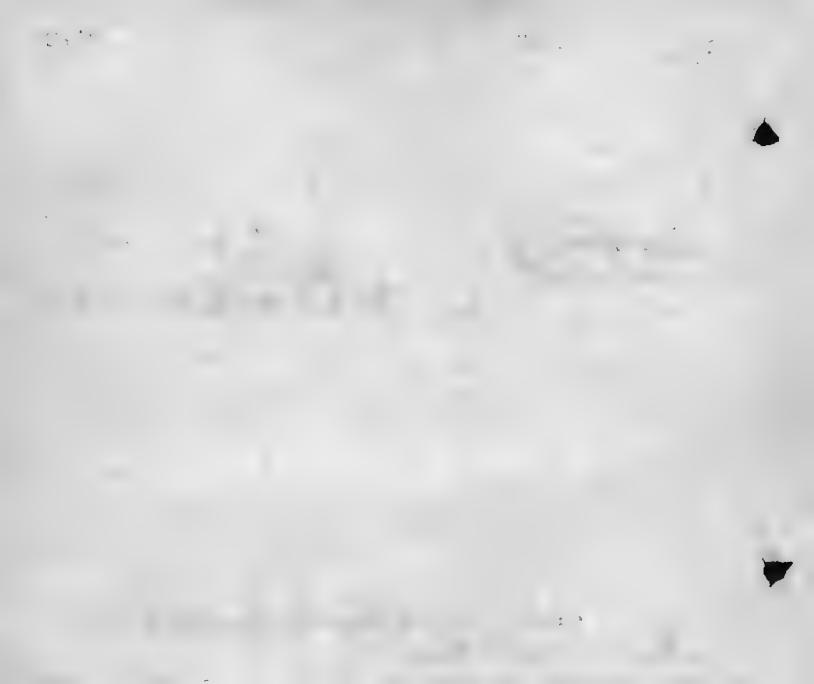


		OHENN	RESEARCH AND RECORDS, RESEARCH AND RECORDS, RESEARCH AND RECORDS	OF DEATH	EET, BALTIMORE 1,	MARYLAND
		01/41	CLRIIICAIL			_ OT \\S4
	1. PLACE OF DE	ATH		2. USUAL RESIDENCE (W	here deceased lived, if institu	tioni Residence before edmission
≥ 1		rroll	MARYLAND	Marylan	-	Carroll
) [b. CITY OR TOW write RURAL	/N (flouts de corporete fimits end give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN If outs	de corporate limits, write RUR	AL end give neerest lown]
	Tane	vtown		A. STREET ADDRESS	n	
			not in hospital, g ve street address)	d. STREET ADDRESS		is residence ON A FARM
Ì		Frederick St		Frederickkook		YES NO 5
ı	3. NAME OF DECEASED	First	Middle		F	Dey Year
	(Type or print)	Pius	Leo	Hemler "	EATH February	15, 19 62
ł	5 SEX	6. COLOR OR RACE	MARKED LINETER MARKED	I. DATE OF BIRTH	9. AGE (In years IF Uh lest birthdey) Mon	
	Male	White	WIDOWED DIVORCED J	une 13, 1 9 81	80 Aler	O CHILLIAN OF MULAY COUNTY
	done during most of	PATION (Give kind of work f working life, even if retired	TOB KIND OF BUSINESS OR INDUSTR	TI BIRTHPLACE County & S	rate, or tore gn country) 1	2. CITIZEN OF WHAT COUNTR
	Retired 13. FATHER'S NAM		Retail Hardware	Maryland		U.S.A.
	is. PATHER'S NAM	c .		14. MOTHER'S MAIDEN NAME		
1	Louis		TES? 16. SOCIAL SECUR TY NO , 17.	Katherine_	_Goulden	
1	(Yes, no, or unkown	(Ifyesgivewerordelesofser	rvice)			
-	No	de married to the second to the second	213-01-3804 Mr.	. James D. Hemle	r, Taneytown,	Maryland [INTERVAL BETWEEN
			ceuse per line for (e), (b), and (c).]	0 · T · 7		ONSET AND DEATH
		IMMEDIATE CAUSE (e)	Generalized 1	Villonilis		24hrs
ı	1 5	DUE TO	0 1 T:		CT.	1. 241
	Conditions, if	mediale cause (b)	Perforation a	y Cercano	ma of score	en since
ı	(a), stating the		2	1 07	0	gmo.
	ceuse last.	THER SIGNIFICANT COND. T	IONS CONTRIBUTING TO DEATH BUT NO	OF STATED TO THE TERMINAL DI	SEASE CONDIT ON GIVEN IN	PART I(a)) 19. WAS AUTOPSY
) [THE STOTAL COLOR				
)	OH CHANGE	700.0	T. 7:			PERFORMED?
)	OH ACCIDENT	Mal vu	Toution). (Enter neture of injury in Pert I o	r Peri II of Item 18.)	YES NO
	20a. ACCIDENT	ING I'T CAUSE OF DEATH	206. DESCRIBE HOW NUNRY OCCURED), (Enter neture of injury in Pert I c	r Perl 11 of Item 18.)	
3	20a. ACCIDENT OR CONTRIBUT	TING CAUSE OF DEATH	206. DESCRIBE HOW NIJRY OCCURED			
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF I Hour a.	INJURY Month, Doy, Year	20b. DESCRIBE HOW INJURY OCCURED 7 20d. INJURY OCCURRED 20e. P. A. While Not White fee			YES NO X
337	20a. ACCIDENT OR CONTRIBUT OF LITTLE OF I Hour a. p.	ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER) NJURY Month, Doy, Year m. 19	20b. DESCRIBE HOW INJURY OCCURED 7 20d. INJURY OCCURRED 20e. P. A While Not White et work et work ,	ACE OF INJURY (Home, farm, 20 tory, streat, office bldg., etc.)	f. (City or town)	(County) (State)
	OR CONTRIBUT OR CONTRIBUT OF CONTRIBUT OF THE CONTRIBUT O	ING CT CAUSE OF DEATH TIFY MEDICAL EXAMINER) NJURY Month, Dey, Year .m. 19 y that (I) (this hospita	20b. DESCRIBE HOW NJURY OCCURED 20d. INJURY OCCURED 20e. P.A. While Not White et work et of eccessed from.	ACE OF INJURY (Home, farm, 20 tory, street, office bldg., etc.)	9, to 2/15	(County) (State)
	OF CONTRIBUT OR CONTRIBUT OF CONTRIBUT OF CONTRIBUT OF CONTRIBUT OF CONTRIBUT OF CONTRIBUT Hour a. p. 21. 1 certif	ING CI CAUSE OF DEATH TIFY MEDICAL EXAMINER) INJURY Month, Doy, Year	20b. DESCRIBE HOW INJURY OCCURED 7 20d. INJURY OCCURRED 20e. P. A While Not White et work et work ,	ACE OF INJURY (Home, farm, 20 tory, street, office bldg., etc.)	9, to 2/15	(County) (State)
	OR CONTRIBUT OR CONTRIBUT OF CONTRIBUT OF THE CONTRIBUT O	ING CI CAUSE OF DEATH TIFY MEDICAL EXAMINER) INJURY Month, Doy, Year	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED 20e. P.A. While Not White fec et work et work attended the deceased from. 4 19 6 2, and that	ACE OF INJURY (Home, farm, 20 tory, street, office bldg., etc.) 5.///	to 2/15	(County) (Siefe) , 19.6.7 that (i) (a) la on the date stated above
	OF CONTRIBUT OR CONTRIBUT OF CONTRIBUT OF CONTRIBUT OF CONTRIBUT OF CONTRIBUT OF CONTRIBUT Hour a. p. 21. 1 certif	ING CT CAUSE OF DEATH TIFY MEDICAL EXAMINER) INJURY Month, Doy, Year	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED 20e. P.A. While Not White fec et work et work attended the deceased from. 4 19 6 2, and that	ACE OF INJURY (Home, farm, 20 tory, street, office bldg., etc.)	to 2/15	(County) (State) (State) (State) (State) (State) And the date stated above 22b. DATE
change.	OF CONTRIBUTE OF	ING CT CAUSE OF DEATH TIFY MEDICAL EXAMINER) INJURY Month, Doy, Year .m. 19 y that (I) (this hospital ceased alive on	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED 20e. P. A While Not White fec et work et work attended the deceased from. 4 19 62, and that	ACE OF INJURY (Home, farm, 20 tory, street, office bldg., etc.) 5./// 19.5 death occured at 7.2 ATTENDING MED. PHYS DIRECTIONS 22d. ADDRESS	P, to 2/15 If to the causes and STAFF PHYS.	(County) (State) (State) (State) (State) (State) And the date stated above 22b. DATE
27.7	20a. ACCIDENT OR CONTRIBUT OR CONTRIBUT (IF EITHER, NO) 20c. TIME OF I Hour a. p. 21. I certif saw the dec 22e. SIGNATU E. OR NAME (T	ing CI CAUSE OF DEATH TIFY MEDICAL EXAMINER) MIJURY Month, Dey, Year m. 19 y that (I) (this hospital ceased alive on	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED 20d. INJURY OCCURRED 20e. P. A fec el work el work el el work 1, 19 62, and that 1 4 19 62, and that Thompson	ACE OF INJURY (Home, farm, 20 tory, street, office bidg., etc.) 5./// 195 death occured at	to 2/15	(County) (Stefe) (County) (Stefe) (Stefe) (Stefe) (Stefe) (A)
,	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 20c. TIME OF I Hour a. P. 21. I certifisaw the dec 22e. SIGNATU 22c. PHYSICIA NAME (T) 23e. BUR.AL, CREM REMOVAL (Spe	ing CI CAUSE OF DEATH TIFY MEDICAL EXAMINER) MIJURY Month, Dey, Year m. 19 y that (I) (this hospital ceased alive on	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED While Not White et work of eccure of work of the deceased from th	ACE OF INLURY (Home, farm, 20 tory, street, office bidg., etc.) 5	to 2/15 from the causes and OR PHYS. OWN, Md. LOCATION (City, town or	(County) (State) (County) (State) (State) (State) (State)
277	20a. ACCIDENT OR CONTRIBUT OR CONTRIBUT (IF EITHER, NO) 20c. TIME OF I Hour a. p. 21. I certif saw the dec 22e. SIGNATU E. OR NAME (T	ING CT CAUSE OF DEATH TIFY MEDICAL EXAMINER) INJURY Month, Doy, Year Im. 19 Y that (I) (this hospital ceased alive on	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED 20e. P.A. While Not White et work developed the deceased from. 1) attended the deceased from. 1962, and that	ACE OF INLURY (Home, farm, tory, street, office bldg., etc.) 5 // 1 / 19 5 / 1 / 19 5 / 1 / 19 5 / 1 / 19 5 / 1 / 19 5 /	to 2/15 Virom the causes and ON STAFF PHYS. OWN, Md. LOCATION (City, lown or aney town, Mam registrar 256, Registr	(County) (Stele) (County) (Stele) (Stele) (County) (Stele) (County) (Stele) (County) (Stele)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01742 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY 20 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. C.TY OR TOWN (If Juis'de corporate limits, write RURAL and give neerest town) e. LENGTH OF STAY IN 16 write RURAL and give neerest Jown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO Z efely 3. NAME OF Year DECEASED (Type or print) DEATH 1962 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 5. SEX AGE (In yeers ! IF UNDER I YEAR IF UNDER 24 HRS. and Carbo lest birthdey) Manths WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY foreign_country) VER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO unkoun) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for .e], (b), and (c).] INTERVAL ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **FOUR TO** Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LIBIT 19. WAS AUTOPSY PERFORMED? NO TO 200. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 1 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 2Df. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour e.m. et work et work p.m. 196. That (1) (we) last 21. I certify that (i) (this hospital) attended the deceased from ... Alexi saw the deceased alive on...! 226. DATE 22e. SIGNATURE SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNEA director, pe filed w LOCATION (CUST lown or NAME OF BURIAL CREMATION, REGISTRAR 256. REGISTRAR VR A15 (4) 15M 9/60

YLAND STATE DEPARTMENT OF HEALTH



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY a. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town write RURAL end give nearest town) rhin d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? NO K NAME OF Middle DECEASED (Type or print) DEATH 19 62 5 SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED lest byrthday) Hours WIDOWED 🔀 DIVORCED 10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm Low 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT law requires that the Address (Yes, no, or unkown), (If yes give wer or detes of service) by the INTERVAL BETWEEN iB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end ,c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying PART IL OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 20s, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of tem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c TIME OF INJURY Month, Dey, Year 20d, INDURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour e.m. While at work et work OH 21. | certify that (I) (this hospital) attended the deceased from..... , and that death occurred of . R. M. from the causes and on the dete stated above saw the deceased alive on 22b. DATE ATTENDING SIGNED PHYS. PHYS. M.D. 22c PHYSICIAN S 22d. ADDRESS NAME (Type) 1 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23a, BURIAL, CREMATION , 23b. DATE THEREOF (Stele) REMOVAL (Specity) O 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE 15M 7 61 Throng

PYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH 01744 funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm spion) a. COUNTY b. COUNTY by the and 2 death. Carroll MARYLAND Marvland Washington b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporata limits, write RURAL and give neerest town) write RURAL and give nearest town) Lyrs. 10mos. 8days Svkesville Maugansville d. street Abbress d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) e. IS RESIDENCE ON A FARM? North YES NO Y St. State Hospital complete 3. NAME OF 4. DATÉ DECEASED OF (Type or print) DEATH 19 62 February Rahv 9. AGE (In yeers IF UNDER I YEAR 6. COLOR OR RACE | 7. MARRIED THE NEVER MARRIED T IF UNDER 24 HRS. and carbo last birthday) Months | Days Hours I Min. -7071rs. Female DIVORCED [WIDOWED [November 10, 1890 physician 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or forcing the Country)
Hagerstown Wash Co 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Hagerstown Maryland Housewife U.S.A. d attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Shadrec Emma
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Emma Anthony Address (Yes, no, or unkown) ((Ifyesgivewerordetesofservice) Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (e) Bronchooneumonia Davs DUE TO Arteriosclerotic heart disease Years Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying Generalized arteriosclerosis. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G YEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? C.B.S. associated with cerebral arteriosclerosis with psychotic reaction of the control of the c 20a ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of Item 18.) CERT 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm. 20f. (City or town) (Stele) (County) fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work CTOR: Pebruary 11 19 62, and that death occurred a 5.00 PM rom the causes and on the date stated above. saw the deceased alive on DIREC 22b. DATE 62 SIGNED 22e. SIGNATURI ATTENDING STAFF PHYS. DIRECTOR PHYS. ME (Type) 22d. ADDRESS FUNER Agustin del Campo, M.D. director, be filed Springfield State Hospital, Sykesville, Md. 238. BURIAL, CREMATION, 236 DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Hagerstown Wash Co Md Rest Burial Cemetery H 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7 61 Coffman Hagerstown Md. Andrew K. 16 " 4 S. Thank

ND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01728						
real fer	1	U Ma de		01120				
ours at		0,	ACE OF DEATH COUNTY CARROLL CO MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If Institution: o. STATE D. COUNTY O/1	RROLL				
Lin by the standard after dear)	L	CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) I ESTMINSTER NAME OF HOSPITAL OR (INSTITUTION (if not in hospile, give street a givess) CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	a. IS RESIDENCE				
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h certii g physise rem in any			ATHER'S NAME 14. MOTHER'S MAJDEN NAME	11: S: CL.				
the deat attending hen plea /al, and			AS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMENT DE 26 KLIST ROZ					
res that ician. by the armit. T		1	E. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] FALL I DEATH WAS CAUSED BY: FOR IMMEDIATE CAUSE (a) PREMATURE (24 WKS GESTATION)	INTERVAL BETWEEN ONSET AND DEATH				
ng phys n signed transif p mation,			conditions, if any, which (b) WOT 1/bst 5 on AT BIRTH	J. 1017.3.3.				
The lar attendi		Ī	even rise to immediate cause a), stetling the underlying DUE TO auso lest. (c)					
STCIAN Spital or rificate se as the or to but	G	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	YES NO				
PHYS the ho this ce d for u		O O	DB. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURED (Enter natura of injury in Part I or Part II of tem 18.) R CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER]					
DING by After I detached		MEDICAL	Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or fown) (Company) While Not While at work at work	unity) (State)				
ATTE be refa ECTOF ould be		\$	aw the deceased alive on2.1.7. 19 62 and that death occurred at 2.4.4. from the causes and on	the date stated above				
Manay DIR			20. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. [] 20. PHYSICIAN'S 21. ADDRESS	2/18/62 DATE SIGNE				
PERSON, PAGE	1		NAME (Type) 19 RIDGE PD, WESTMI					
TO HC death		1	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country) NOVAL (Specify) 2 / 19/6 Z NOVAL (Specify) NERAL DIRECTOR'S SIGNATURE ADDRESS, 258, ACC'D BY REGISTRAR 25b. REGISTRAR.	monnine				
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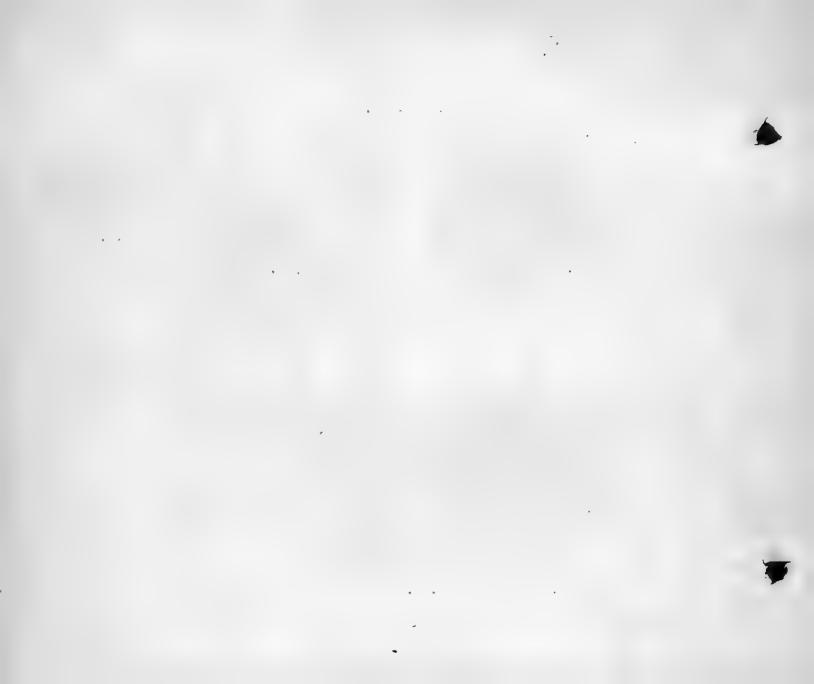




RYLAND STATE DEPARTMENT OF HEALTH RESTON STREET, BALTIMORE 1, MARKET CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTX b. COUNTY MARYLAND b. CITY OR TOWN ('I outs a corporate I m ts. c. LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give nearest town) under a INSTITUTION (if not in hospital, have staret address) . IS RESIDENCE ON A FARM? YES NO cuted NAME OF DECEASED OF (Type or print) DEATH 5. SEX IF UNDER 1 YEAR | IF JNDER 24 HRS. AGE (In yeers 7. MARRIED T NEVER MARRIED last birthday) Months Hours WIDOWED USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired] 13. FATHER'S NAME 14. MOTHER'S MAIDEN death .= aftendi and and (Yes, no, or unkown) ((Ifyesgivewerordefesofservice) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), QNSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110). 19. WAS AUTOPSY PERFORMED? YES NO 20s. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f., (City or town) 20c. TIME OF INJURY Month, Dey, Year (County) (State) factory, street, office bldg., etc.) Hour e.m. While Not While et work et work 19 p. m. 21. I certify that (I) (this bospital) attended the deceased from..... that (I) (we) last O.M. from the causes and on the date stated above. .1942 and that death occured and deceased alive on.7 22e. MATURE DATE ATTENDING PHYS. M.D. 22d. ADDRES AME (Type LOCATION (City, fown or county) (State) BURIAL, CREMATION, 23b 臣 0 24 FUNERAL DIRECTOR'S SIGNATURE 25e, RECO BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 without & trans



LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND 01747 CERTIFICATE OF DEATH director, iled with deoth. Page , PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY filed b. COUNTY MARKETLAND Carroll Maryland Washington uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give neorest town)
Rural - Sykesville 1.8vrs.6mos.7da Hagerstown, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO IC Springfield State Hospital Ξ. NAME OF Middle 4. DATE Lost Manth DECEASED اء ا OF DEATH Eva B. LOWRY (Type or print) February 19 62 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 3 YEAR, IF UNDER 24 HRS last birthday) 78 yrs. Months Days Haurs Female White WIDOWED IX DIVORCED | 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife West Virginia U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME .= Christian J. Willinger Rachel J. Fisher IS. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Hospital Records Νo 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardiac failure - old age - inanition Davs DUE TO Cardiovascular heart disease Conditions, if ony, which Years gove rise to immediate **DUE TO** cause (a), stating the underlying cause last PART (I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Psychosis with cerebral arteriosclerosis. YES 🗍 NO 🎮 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work pm. 21. I certify that 🖪 (this haspital) attended the deceased fram. 8-20 19/13 .. to 2-27 19.62, that 10 (we) last 19 62, and that death accurred at 9A M, from the causes and an the date stated above. saw the deceased alive an SIGNED TENDING MED DIRECTOR 22c PHYSICIAN'S 22d ADDRESS NAME (Type) Springfield State Hospital - Sykesville.Md Buvukunsal. M. D. FUNERA 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, Igwn, or county) 0 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATURE to the comments



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY b. COUNTY MARYLAND Montgomery Carroll Marvland the funeral should be fi b. CITY OR TOWN (If autside corporate limits, write c. JENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate timits, write RURAL and give negres) town) RURAL and give nearest town) unknosm Svkesville Week d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T Springfield State Hospital NAME OF Middle Lost 4. DATE Month Day Year filled ges 1 2h1962 Mack DEATH (Type or print) Susan Chorman IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last bis hday) campletely Months Days Hours 6-16-1885 Female. White WIDOWED K DIVORCED [6 papers. ψ 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. None Delaware ond 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ö Unknown Unknown 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Hospital records, Springfield State Hospital attending None No 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with heart failure vears DUE TO General arteriosclerosis permit Canditions, if any, which vears cert ficate has been signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. **burial-transit** PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 CATIO PERFORMED? Chronic brain syndrome caused by cerebral arterio YES NO M 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH sclerosis (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur a.m White Not while of work at work 2/24 _, 1962_, that (f) (we) last 2) I certify that (1) (this haspital) afterd the deceased from.____ . 1962, and that death accurred at 3:35 prom the causes and an the date stated above. saw the deceased alive an d by the RECTOR: 22a SIGNATURE S, GNED ATTENDING -d Inon MED DIRECTOR M D PHYS Board 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) Adnan M. Sormez. M.D. Sykesville, Maryland page 3 sh the State O FUNER 23g BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Etchison Montgomery Co. Md. Mt. Leban March 3 1962 Laytonsville, Md. 25b REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR C. VI d. Yould DATE 15M 9/59

after death. Page

The law requires that the death certificate be executed within 24



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution, Residence before edmission) e. COUNTY **b.** COUNTY Marvland Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerast town) yrs./8 Baltimore #18 mos. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X Springfield State Hospital Elkader 3. NAME OF DATE DECEASED OF (Type or print) MC CAFFERY DEATH Norma February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR | last birthday) WIDOWED DIVORCED female 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) U.S.A. Maryland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marv Ellen Jessie McCaffery 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or dates of service) Springfield State Hospital, Sykesville, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia days **DUE TO** A.S.C.V.D. with compensated heart failure vears geve rise to immediate cause DUE TO (a), stating the underlying PART II OTHER SIGNLE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO V C.P.S. assoc. with senility.
CIDENT WAS UNDERLYING _____ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Jem 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stelle) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from ... 6/28/55... 22a. SIGNATURE SIGNED Inon PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S Adnan Sonmez, ".D. Sykesville, Maryland 23a. BURIAL CREMATION 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) दैं€०उँ REMOVAL (Specify) VR A15 [4,

AND STATE DEPARTMENT OF HEALTH



DYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY a. STATE b. COUNTY Carroll Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) 8m. 8d. dural--Sykesville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Springfield State Hospital 808 St. Paul Street YES NO NAME OF 4. DATE Yper Middle Month DECEASED OF (Type or print) McMahon DEATH Lora 19 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Davs White Female WIDOWED IX DIVORCED [12, CITIZEN OF WHAT COUNTRY? 10s. USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Housewife Maryland USA 13. FATHER 5 NAME 14. MOTHER'S MAIDEN NAME Franklin Weeks Cramblitt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detas of service) Springfield Hospital records - Sykesville. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (e) Days DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (e), steting the underlying cause lest. PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1.61 19. WAS AUTOPSY CERTIFICATION PERFORMED? Chronic brain syndrome associated with cerebral arteriosclerosis with NO X psychotic reaction. 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Port Lor Part 1 of item 18.) ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stefa) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work p.m. 21 | certify that XI (this hospital), attended the deceased from.... 19.61, and that death occurred at 7.050, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 5. GNAT ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS Springfield State Hospital NAME [Type] Buyukunsal, Sykesville, Maryland 23d. LOCATION (Gity, Town or county) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF CREMATION. 220 BORNAL REMOVAL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

DATE MED

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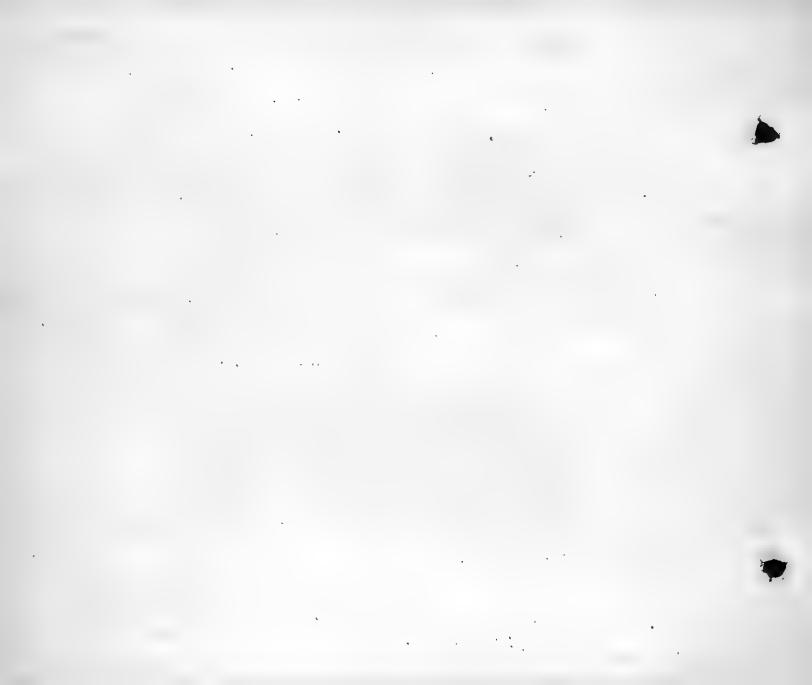
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. DistUra 234 il director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased ived If institution: Residence before admission) o. COUNTY COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 STMINSTER, MD WESTMINSTER d. NAME OF HOSPITAL (If not in hospital, give street address ON A FARM? LIBERTY STREET YES 🗍 NO 🂢 NAME OF 4. DATE DECEASED KESS1 F DEATH (Type or print) 1962 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthday) Months WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SHOE FACTORY MACHINE OPERATOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAE POOLE CEORGE C. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT MR. BERNARD Address ICHAEL HUSBAND 55 4 LIBERTY ST. NESTAINSTER 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CORONARY THROMBOSIS CORONARY ARTERIOSCIEROSIS Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o.m. While Not while at work at work p. m. 21. I certify that I attended the deceased fram JANUARY, 1958, to BENALY, 1962that I last saw the deceased alive an JANUARY 12, 1962, and that death accurred at 230AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S WESTMINSTER, MD NAME (Type) 220 BURIAL CREMATION. 226, DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY UNIONTOWN 23. FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Cirting & Three

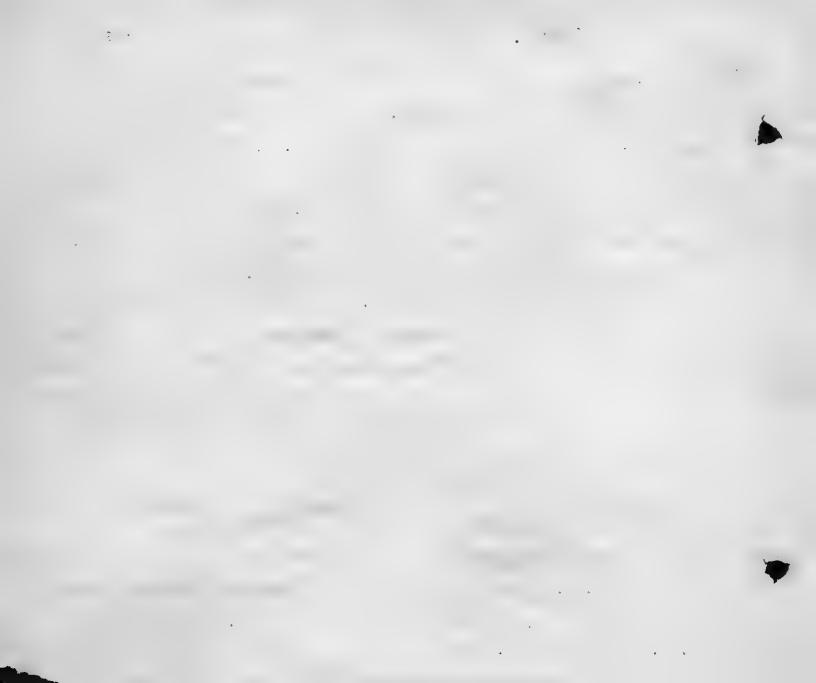
funeral

filled

may be reta

15M 9/58





	01753 CERTIFICA	TE OF DEATH	01736
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased in	
A	Carroll MARYLAND	a STATE Maryland b.	Prederick V
1/	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limit	s, write RURAL end give nearest town)
	Sykesville 30yrs.lmo.	Thurmont	15× 2
15	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE
1-1	Springfield State Hospital	None	ON A FARM?
	3. NAME OF First Middle Middle	Last 4. DATE	Month Dey Yeer
	(Type or print) Lawrence Edward	Munshower DEATH F	ebruary 4, 1962
		B. DATE OF BIRTH 9. AGE (In	Years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	October 8, 1890 71	yrs. Months Days Hours Min.
	10a. USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	TY 11. BIRTHPLACE (County & State or foreign co	untry) 12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if retired) Barber	Maryland	U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	,
-	Charles Munshower	Emma Yinger	
1)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		ddress
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	Springfield Hospital Re	cords.
	18. CAUSE OF DEATH [Enter only one cause per une for (e), (b), end (c).]		NTERVAL BETWEEN
	/ PART L DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Bronchopneumonia		ONSET AND DEATH 2 = 11 days
	DUE TO		_z_= t days
,	Conditions, if eny, which (b)		
	gove rise to immediate cause		
	(e), steting the underlying DUE TO		
		OT RELATED TO THE TERMINAL DISEASE CONDITIO	N G VEN IN PART I(6) 19. WAS AUTOPSY
2	Manic depressive reaction, other.	som of weather	PERFORMED? YES X NO
-	UAN 200. ACCIDENT WAS UNDERLYING [] 200. DESCRIBE HOW INJURY OCCURED	cer of rectum.	
	Manic depressive reaction, other. Can OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CHERROLL EXAMINER)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. P.A	CE OF NJURY (Home, ferm, , 20f. (City or town)	(County) (State)
1		tory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from.	January J. 10 32 - Febru	277 11- 10 62 that (1) (100) les
	saw the deceased alive onFebruary4.19.62, and that		
	220. SIGNATURE	death occured at O.s. 270; Inpili The Ca	22h DATE
	Marieta Mall Hamba	ATTENDING MED. STAFF	O/r / CHIGNE
. 1	22c PHYSICIANS	22d. ADDRESS	
/	NAME /1/00) Agustin del Campo, M. V.	Springfield Hospital	,Sykesville,Md.
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (C	ity, fown or county) (State)
	Burial 2-7-62 Mount Olivet,	Cemetery Frederic	c, Maryland
0	24 FUNERAL DIEGOPOEUS SIGNATORS	25a, REC'D BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE
R	Mr Johnson for Graduck Mrs	DATE FD 7 '62	Contrary & House
V			1.00

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEPT.	I. PLACE OF DEATH [] 2. USUAL RESIDENCE (Where decessed lived. If institution, Residence before edmission)
sary,	o. STATE Maryland Carroll
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town)
direct you	Rural Keysville 50 years Rural Keysville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS 1 d. STREET ADDRESS
A A	ON A FARM? YES TO NO
any cath	3 NAME OF First Middle Last 4. DATE Month Day Yeer DECEASED OF
h. If a control of the control of th	(Type or print) George Ephriam Myers DEATH February 3. 1962
death d 3 insy insy in with with rs af	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.
fter 2, an 5 π 1d 2 hou	Male White WIDOWED DIVORCED May 18, 1882 79 yrs. 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) II. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY
Page 1 ar	done during most of working life, even if retired) Farmer Farming Frederick County, I'd. U.S.A.
A ho M3. M3.	13. FATHER'S NAME
S S S S S S S S S S S S S S S S S S S	David P. Myers Elizabeth Stambaugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
with 18.	(Yes, no, or unkown) (Ifyesgive werordetes of service)
tuted litem with pen pen t any	No 219-12-0159 Mrs. Iva Parker, Pox 404 Sherwood Rd. Owin s Mi
exection in the second in the	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) OFTONORY OCC lusion.
d be	420 DUETO
hould in one of the on	Conditions, if any, which (b)
ate s inding iner's or re	(e), stelling the underlying DUE TO
"per Xami used ion,	
vord vord cal E d be omat	YES NO Y
Re The wheeling wheeling the car	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.
ting ting and a second	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Pag Pag	Hour e.m. While Not While fectory, street, office bldg., etc.)
C EX	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
CALIFICATIF	death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner
orwar orwar DIR	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
BAL garage	SIGNATURE MD.
B K P E K	NAME (Type) JAMES TMARSH Address (Street, city, town, or county) CARROLL -14162
Shot Shot Its	222. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State)
5 g 4 5 g	Rurial Feb. 6, 1962 Keysville Cemetery Keysville, Carroll, Maryland 23. FUNERA/D REGION 246. REC'D BY REGISTRAR'S SIGNATURE 24. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	C.S. Fuss & Son, Taneytown, Maryland DATEFFE 6 '62 Chilla & K.
Α, ,	The state of the s



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1)7755 MEDICAL EXAMINER'S CERTIFICATE OF DEATH L FLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery_ Carroll MARYLAND Maryland b. CITY OR TOWN (.f oulside corporale I mits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) 7yrs.9mos.9days Rockville Svkesville d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 408 Park Road Springfield State Hospital YES NO X 4. DATE 3. NAME OF Middle (Type or pnet) Minnie Carev Orri son DEATH "ebruary 13, 19 62 Gover 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours December 18, 1869 Female. White WIDOWED X DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore on country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Housewife Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Gover Mary Stone 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or datas of service) Springfield Hospital Records 18. CAUSE OF DEATH |Enter only one cause per | ne for (a), (b), and (c), i INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure Hours DUE TO w Arteriosclerotic heart disease Years Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. emation, C.B.S. assoc. with dist. of metabolism, with senile brain disease with CERTIFICATION psychotic reaction. Fracture, both inferior rami Bilateral pneumonia. YES X NO - EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part or Part of Horn 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) While at work S factory, street, office bldg., atc.) Carroll Sykesville Maryland Hospital 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X. Inquiry X. and in my opinion Accident Undetermined manner death resulted from Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER James T. Marsh, M.D. EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 2/16/62 Lovettsville Union Cemetery Lovettsville, Va. 40 1331 F ADDITISTED OTHERY AVERUE 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR **VS. A15M6** Carried S. Thouse Rockville, Md. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE Where deceased lived, If institution; Residence before edmission) PLACE OF DEATH COUNTY **6. COUNTY** Carroll Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, wate RURAL and give nearest town) Wite RURAL and give nearest fown) Rural--Sykesville 41y. 7m. 10d. Baltimore d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give streat address) a. IS RESIDENCE ON A FARM? Springfield State Hospital URKBOW YES NO 🔀 3 NAME OF Last 4. DATE Year Middle DECEASED OF Helen M. (Type or print) Robev DEATH 19 62 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. 5EX 6 COLOR OR RACE 17, MARRIED NEVER MARRIED X 8. DATE OF BIRTH last birthday) Months female white WIDOWED [DIVORCED [physician 10a. USUAL OCCUPATION (Give kind of work I 10b. KIND OF BUSINESS OR INDUSTRY, 11, B RTHPLACE County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Nurse TISA Marvland REGISTERED NURSE MOTHER'S MAIDEN NAME 13. FATHER'S NAME Then please Porter Robev inthicum 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17, INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or detes of service) Springfield Hospital records, Sykesville, Md. unkmown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral vascular accident days MMED ATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying PART II OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? Schizophrenic Reaction, Hebephrenic Type. NO K 20e. ACCIDENT WAS UNDERLYING] , 20b. DESCRIBE HOW NURY OCCURED, (Enter neture of infury in Pert I or Part I of Iem 18) OR CONTRIBUTING CAUSE OF DEATH 20c. T.ME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. at work at work CIOR 21 | certify that XI (this hospital) attended the deceased from. ... 7/3/... 19.62 that (X (we) last 19.62..., and they death occured aB: 10th, from the causes and on the date stated above. saw the deceased alive on ... 22b. DATE 22e. SIGNAJURE 2/13/62 NED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22e PHYSCIAN Springfield State Hospital NAME (Type) FUNE Buvukunsa⊥ Sykesville. Maryland 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (State) NAME OF CEMETERY OR CREMATORY OFB REMOVAL (Specify) ALTIMORE, MD. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7,61 arthur S. Virma



	- 1	DIVISION OF STATISTICAL R	ESEARCH AND RECORDS,	301 W. PRESTON S	TREET, BALTIMORE 1	, MARYLAND
70 70		01757	CERTIFICATI	OF DEATH		01740_
ME) [1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Whare deceased lived, If institu	t'on; Res'danca befora admission
y the fourth 2 s	-	b. CITY OR TOWN (if outside corporata I mits, write RURAL end give neerest town)	MARYLAND c LENGTH OF STAY IN 16	Maryle		Carroll AL and give nearest town)
Ages 1 a	<i>y</i>	Rural Taneytown d. NAME OF HOSPITAL OR INSTITUTION (IF no	t in hospital, give street eddress,	Rural d. STREET ADDRESS	.Taneytown	e. IS RESIDENCE ON A FARME YES NO
ietely ipers 72 ho	1	3. NAME OF first DECEASED	Middle	Lest 4,	DATE Month	Dey Yeer
within 7			WAKKIED A HEACK WAKKIED	Salley DATE OF BRITH	lest birthday) Mon	19 62 NDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min.
event,	-	Female White 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	106. KIND OF BUSINESS OR INDUSTR	Neust 5, 1900 Y 11. BIRTHPEACE (County &	State, or foreign country)	2, CITIZEN OF WHAT COUNTRY
ise ren in any		Housework 13. FATHER'S NAME	Own Home	Baltimore		U.S.A
hen plea	4	Tohn Harry Hare 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unkown) (Ifyesgive) werordetes of service	(e)		Address	
remov		NO TIE. CAUSE OF DEATH [Enter only one cau	215-32-8339 Mr.	James Salley,	Route #1, Tan	eytown Marylar
ans t peri		PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a, DUE TO	Afterna Kenny	loge StRok	le. 2 / Martino	go et 6 min
urial-fr		Conditions, if any, which geverise to immediate cause (e), stetling the underlying DUE TO	Deal to moll	tu		& ulors
the burial	7	Cause last. (c) PART II, OTHER S.GNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(9) 19, WAS AUTOPSY PERFORMED?
ise as		OAT	DELCONDE HOW IN LAW OCC MED	(Farmer) and Farmer Book	I an Band I at have 10 h	YES NO
for the principal states		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	, (Enter heldre of injury in Perr	or ran for (ram to.)	
etached of Hea		20c. TIME OF INJURY Month, Day, Year Hour s.m. 19	20d. INJURY OCCURRED 20e. PLA While Not While lact at work at work	CE OF INJURY Home farm ory, street, office bldg. etc.)	20f. (City or town)	(County) (State)
Dapt.	Ì	21. I certify that (I) (this hospital)	attended the deceased from.			, 19, that (I) (we) la
should State		22a SIGNATURE -	27 1967, and that	ATTENDING MED.	STAFF	2-/3-62 SIGNE
in the	,	22c. PHYSICIAN'S		D. PHYS. D REC		
or, pa		NAME (Type) R.T.Gobel,		. '' —	re Street, Hand	' =
direct be file		238. BUR AL, CREMATION, 235 DATE THEREOREMOVAL (Specify) Burial Feb. 15, 19	1	etery	Taneytown, Ma	ryland _
5 (4)	2	24 FUNERAL DIRECTOR'S SIGNATURE .	ADDRESS Taneytown, Maryle	esents 4	sy registrar 256. Registr 5 '62 Cindan	A. Kraus
T,) I	At a t and a poli	Total Country and Jan			

MARYLAND STATE DEPARTMENT OF HEALTH



AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH n. Rusidence before admission) rederick a COUNTY necessary, ector, Page CARROLL MARYLAND b. CITY OR TOWN (if outs de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RJRAL and give nearest lown) 12 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita., g.ve streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? SPRINGFIELD STATE HOSPITAL YES NO 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) PAULINE DEATH 19 62 MIRIAM 6. COLOR OR RACE 7, MARRIED NEVER MARRIED AGE Un years I IF UNDER 1 YEAR IF UNDER 24 HRS. last b'rinday) Months WIDOWED X December Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? Page s 1 an done during most of working life, evan if refired) ve Pages 1 PM3. Pag housewife own home Frederick,Co. pages | within 13. FATHER'S NAME 8. Give Walter Lizer Estie Shepley Form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO.) 17. INFORMANT Address permit. (Yas, no, or unkown) | (If yas g've war or dates of sarvica) Clarence F. Shepley. Myersville INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bronchopneumonia Office DUE TO Gunshot wounds of neck gave risa to immediata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? the word NO F v 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Itam 18.) to the Car. PRIMARY TO OF CONTRIBUTING Shot self in neck 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) factory, street, office bldg., atc.) While Not While rederick 19 62 at work at work x Home Myersville 21 I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inquiry and in my opinion DIRECTO Suicide X death resulted from. Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER [should be forward FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Peter W. Rieckert, M.D. Addi. 22b. Date thereof | 22c. Name of Cemetery or Crematory NAME (Typa) Addrass (Street, city, town, or county) 228, BURIAL, CREMATION, 225, DATE THEREOF 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) ₽40 g Paul's Lutheran Burlal Myersville 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Y V mis J. Marie 5M 9/60 .Myersville. Md.

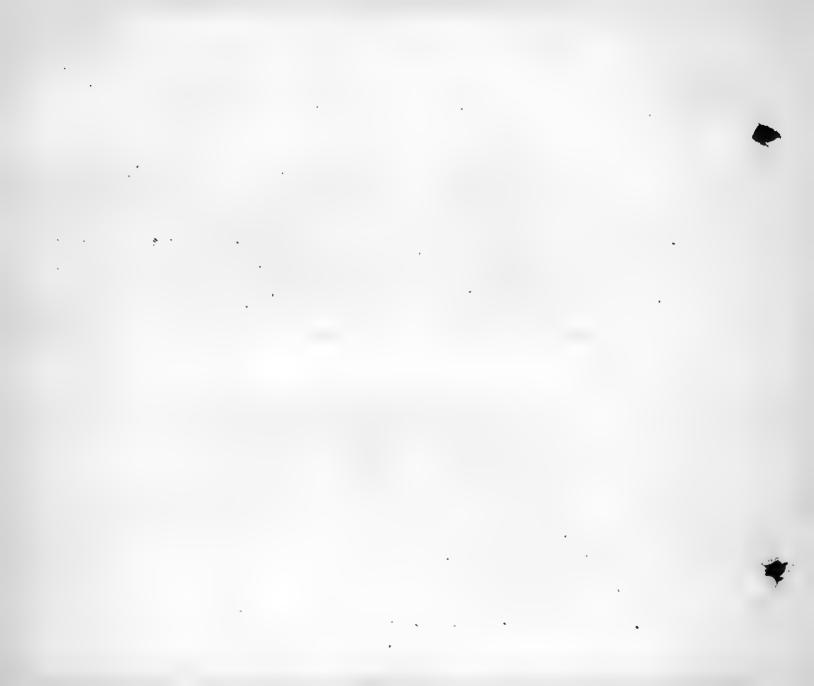
. The section of

CERTIFICATE OF DEATH Reg. 0.10242 director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) filed a. COUNTY a. STATE **b** COUNTY MARYLAND funeral b. CITY OR TOWN (if autside corporate limits, write c LENGTH OF STAY IN 16 autside carporate timits, write RURAL and give nearest Town) c. CITY OR TOWN RURAL and give nearest town 9 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRES e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 124 NAME OF First Middle 4. DATE Last Month Day Year DECEASED campletely filled DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthday) Months Days Hours WIDOWED [DIVORCED | 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and rban 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Š Canditions, if any, which (b) gued gave rise to immediate DUE TO cause (a), stating the underlying cause last been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES \ NO \ 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a m. While Not while at work a ot work p. m 1962 that I last saw the deceased 21. I certify that I attended the deceased from alive an and that death accurred a Q.M., fram the causes and on the date stated above. ECTOR ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a BURIAL, CREMATION. 22b DAJE THEREOF LOCATION (City, town, or county) 22c, NAME OF CEMETERY-OR PEREMATOR (State) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE £ 17 \$ 1 100 CAD VS A15 (4) 15M 9/5B

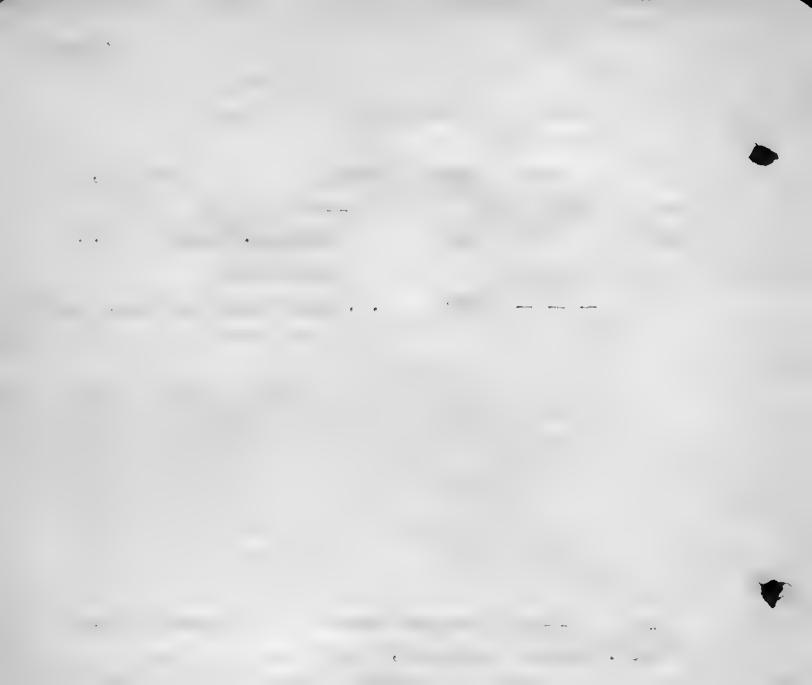
be executed within 24 haurs

by

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1		MARYLAND STATE DEPARTM! DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. F	
(01760 CERTIFICATE OF D	
funera should	M)	1. PLACE OF DEATH a. COUNTY Carroll MARYLAND 2. USUAL a. STATE	RESIDENCE (Where dacessed lived, if institution, Residence before adm sylon Maryland b. COUNTY Frederick
nin 24 hmu ed in by the ges 1 and 2 after death	90	b. CITY OR TOWN (if outs de corporete lim ts, c LENGTH OF STAY IN 16 c CITY O write RURAL and give nearest town) Sykesville Months	R TOWN (if outside corporate limits, write RURAL and give nearest town) Tibertytown ADDRESS e. IS RESIDENCE
A with		Pullen Nursing Home	ON A FARM
par.	1)	3. NAME OF First Middle Lest DECEASED (Type or print) Joanna Forris Simpson	4. DATE Month Day Year OF DEATH February 28, 1962
d col		5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARR ED 8 DATE OF BIR	TH 9. AGE In years (IF UNDER 1 YEAR IF JNDER 24 HRS.
h certificate b physician and se remove carl in any event, v			38 <u>1</u> 1 77 yrs. 1
he death ttending en plea		Nicholas Edgar Norris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (Ilyasgivawarordeles of service)	e Browning Address
s that this. Jian. y the a rmit. The remove		31	tine Simpson Libertytown, Maryland
The law require attending physic has been signed by burial-transit per rial, cremation, or		Conditions, if any, which (b) gave rise to immediate cause (e), stating the underlying cause lest.	Endingeren 2 mm
Spital or rifficate as the or to bu		PART II. OTHER S GNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS ALTOPSY PERFORMED?
PHYS the ho this can d for u		206. ACCIDENT WAS JNDERLY NG TO SOME CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NDING ined by E. After detached		C 20c. TIME OF INJURY Month, Dey, Year 2Dd INJURY OCCURRED 2De, PLACE OF INJURY Hour a.m. While Not While et work street, office et work	(Home, farm, 20f (City or town) (County) (State)
ATTE be reta ECTOR uld be ite Dopi		21. I certify that (I) (this hospital) attended the deceased from Man. saw the deceased alive on Left 27 .19 A and that death occur	19 Life to Life 2 James, 19 L., That (I) (we) latered and on the date stated above
SPITAL OR AME	1	220. SIGNATURE / Masten M.D. PHYS. 22c PHYS CIAN S PRELL-IV-MASTIN 22d ADE	DIRECTOR PHYS.
death directo	,	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR REMOVAL (Specify) 3-3-1962 Fairmount Cemetery	23d. LOCATION (City, town or county) [Stote] Libertytown, laryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/60 (ly!	Robert E. Dalley and Son Frederick, Maryland	DATE 162



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before edmission) a. COUNTY b. COUNTY MARYLAND b CITY, OR TOWN (if outside corporate I'mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) a RURAL and give nearest town) OR INSTITUTION (if not in hospitel, giva stieal addrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X completely requires that the death certificate be executed 4. DATE Month Year DECEASED OF DEATH 196 (Type or print) and cor carbon it, within 9. AGE (In years | IF UNDER 1 YEAR IF JNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED lest birthday) Months, WIDOWED 1 10e, USJAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even intretired 14 MOTHER S MA DEN NAME 13. FATHER'S NAME Eckard John Slonaker Susan 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive werordetas of servical Mrs. Cora Lawyer, R#1. Westminster. Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per and for (a) (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 **DUE TO** Conditions, if any, which geve rise to immediate ceuse DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e), 19. WAS AUTOPSY PERFORMED? NO T CERTIFIC, 20%. ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. Enter nature of njury in Pert I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Dev. Year tectory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 7 22b. DATE 22e. SIGNAT ATTENDING DIRECTOR PHYS. M.D. NAME/ FUNER Filed O the death. 23d. LOCATION (City, town or county) 236, BURNAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Silver Run, Naryland Buria St. Parvs Cameterv 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR YR A15 (4) DATE FEB C' thui S. Hans 15M 9/60 Taneytown, Naryland

LAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville 3vrs.7mos.23davs Baltimore 13 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE Springfield State Hospital 17h0 Harford Avenue YES NO X 3. NAME OF Midd e 4. DATE DECEASED (Type or print) Frank Snyder DEATH February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE , In years | IF UNDER 1 YEAR IF JNDER 24 HRS. last birthday) | Months Male October WIDOWED X 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired; U.S.A. Foreman Marvland 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Frank Snyder Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unknwn) ! (If yes give we ror detes of service) Springfield Hospital Records 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (a) Davs DUE TO Congestive heart failure Conditions, if eny, which 1 week geve rise to immediate cause **DUE TO** (a), stating the underlying PART II OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(0) 19. WAS AUTOPSY Chronic brain syndrome associated with dist. of metabolism, with senile brain disease with psychotic reaction for nature of injury in Part I of Part II of Tam 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INLURY Month, Dev. Yeer 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. el work el work 21. I certify that (I) (this hospital) attended the deceased from ...June. 1958 to February 1,219 ...62that (I) (we) last saw the deceased alive on February 11.19.62, and that death occured 2:40M from the causes and on the date stated above. 22a. SIGNATURE ATTENDING PHYS. DIRECTOR 22¢ PHYSIC 22d ADDRESS Springfield Hospital, Sykesville, Md. Agustin delCampo. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4)

ON A FARM?

1962

(Stefa)

22b. DATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

may be reacted by the haspitat or attending physician.

SEUNER: ASECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Baord of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

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the funeral director, thould be filed with

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		PLACE OF DEATH O. COUNTY CArroll	MARYLAND	2 USUAL RESIDENCE (Whe	re deceased lived. If instit	ution: Residence before admission) TY Carroll
	Ь	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town	LENGTH OF STAY IN 16	. 5/		RURAL and give nearest town)
)	o	d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION OR WIPE Nursing	7	d. STREET ADDRESS	le ave	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Middle FSth ER	Snyder	OF/	lonih Day Year Year 1962
	5 S	Female whit widowed)	DIVORCED [June 24 /		7) Months Doys Haurs Min
		a. USJAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, wen if retired)	OMES	Mary	ar foreign country!	12. CITIZEN OF WHAT COUNTRY?
	13.4	FATHER'S NAME SAMES HOTTMAN		14. MOTHER'S MAIDEN N.	AME DAVI	dson
_			CIAL SECURITY NO. 17. IN	Mrs Milson		HAMPSTEAD ME
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate couse (a), stating the under. DUE TO DUE TO	propie de la seria de la seria se la seria se la seria se la seria de la seria del seria de la seria del seria de la seria del la seria de la seria del la se	Myo caro le Carlo Va	lifis	INTERVAL BETWEEN ONST AND DEATH
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	L CERTIFI	20g. ACCIDENT WAS UNDERLYING A 20b. DESCRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED), (Enter nature of injury in P	art I ar Part II af item 18)	
	MEDICAL	Hour a.m. While		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)		(County) (State)
		21 I certify that (I) (this hospital) attended saw the deceased alive an Tab 2 220 SIGNATURE 22c PHYSICIAL S NAME (Type)	1962 and that d	eoth occurred of 30		and on the dote stated above 22b DATE SIGNED
	23a	Joseph E. I.	OUS H	R CREMATORY	23d. LOCATION (City, tow	Mary Laure. no or county), 7 (State)
	24. Ø	FILMERAL DIRECTOR'S SIGNATURE.	ADDRESS FOREIGNATION	A WAY DATE	BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE LINEAR & Florida



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01764 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES THE NO NAME OF First Middle 4. DATE Month Day Year OF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED IX DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY. 13. FATHER'S NAME CROMWELL Address 60015 SLINGLUFF 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO | 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) Not while (County) (State) factory, street, office bldg., etc.) Hour a. n. While of work of work p. m. 19 6 That I last saw the deceased 21. I cortify that I attended the deceased from M, from the causes and on the date stated above. and that death occurred at ADDRESS (Street, city or town, slate) PHYSICIAN'S NAME-(Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or county) (State) REMOVAL (Specify) 23. EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REGISTRAR'S SIGNATURE



1 1 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	The statistical research and records, 301 W. Preston Street, Baltimore 1, MARYLAND 15 2.11.12 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11. 160
HEALTH DEDT	1. PLACE OF DEATH. 10
> 8 . 2	a. STATE b. COUNTY
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ector Pag your files.	write RURAL and give nearest fown)
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<u> </u>	ON A FARM?
the interest rests reds the State rests rests.	3. NAME OF First Middle Last (4. DATE Month Day Year
Har she sa reta	OF OF OPPORT OF PRINT PR
	5. SEX 6. COLOR OR RACE 7 MARRIED Y NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 11F UNDER 14 HRS
and 3	Male White Whowith Interest unknown less birthdey) Months Deys Hours M.n.
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	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ENFORMANT Address (Yes, no, or unknown) (Ifyesgivewerordetesofservice)
7 T F E	
0 = m = =	18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
scil in l along Iransit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)_ Gunshot wound of chest
A B W T L	976 X DUE TO
0.000	Conditions, if any, which (b)
rificate sh "pending" xaminer's used as a	(a), stelling the underlying DUE TO
ertificate 1 "pendin Examiner e used as	cause lest. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES NO PERFORM
This dical	YES NO 2 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Part II of Idem 18.)
백숙중성부	PRIMARY M or CONTRIBUTING D Shot self in chest - Juring a period of destondency
EXAMINE site, writing the Chief of the Chief	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele)
Write Write Page to	O Hour s.m. WhileNot While rectory, sites, office blogs, etc.)
cate, v to the OR: Pr	Tome Westmitts Let Gather Miles
MEDICAL EX- cue the certificate, cue forwarded to the AL DIRECTOR: insted agent, prior	21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry, and in my opinion
MEDICAL The the certific forwarded to DIRECTOR The DIRECT	death resulted from. Natural causes . Accident . Suicide X Homicide . Undetermined manner
Hara Market	ACTUAL OLD RESIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED
Curte for the first from the first f	SIGNATURE W.D. DEPUTY MEDICAL EXAMINER [X]
DL, Mease excute should be for PUNERAL its designate	EXAMINER'S PETER W. RIECKERT, M.D. Address (Street, city, town, or county)
DT. should FUN.	22a. BURIAL CREMATION 22b. DATE THEREOF 72c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or country) (State)
0 2 4 0 9	REMOVAL SPACINI Z. 27,62 Volud. Used. Folual Ballimore Und.
VS. AISME	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with I director filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND funerol uld be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RUBAL and give nearest tawn) PHUDSTERD d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM YES T NO JULICICSUI 4. DATE OF DEATH NAME OF First Middle Month Year Doy (Type or print) 196 6. COLOR OR RACE SEX 7 MARRIED NEVER MARRIED AGE (In years IN JNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Haurs DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY (1) during most of working life, even if refused) 12. CITIZEN OF WHAT COUNTRY? foreign country) Mero 1. CM+ENIOF 13. FATHER'S NAME remove WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMÁNI ending NU INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(pt) 19 WAS AUTOPSY PERFORMED? YES T NO 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING THE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME-OF INJURY 20e PLACE OF INJURY (Home, form, | 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while of work at work p. m 1962-that (1) (we) last 21 Leertify that (1) (this haspital) attended the deceased from Achieve 2 and that death accurred at 2 M, from the causes and on the date stated above. sow the deceased alive an SIGNATURE SIGNED ATTENDING PHYS. MED.
DIRECTOR STAFF PHYS. ₹M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) O FUNER CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY LOCATION (City, lawn, or county) poge the St 25b REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR

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1	MARYLAND STATE DEPARTMENT OF HEALTH
	Olvision of Statistical Research and Records, 301 W. Preston Street, Baltimore 1, Maryland CERTIFICATE OF DEATH
M) should	1. PLACE OF DEATH a. COUNTY ARYLAND b. COUNTY CITY OR TOWN (i) optside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (i) optside corporate limits, yrite RURAL and give nearest lown)
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n papers. I	3. NAME OF DECEASED (Type or print) JOHN E, TROTT DEATH FISH, 22 1962
ove carbor	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work dogeo during geograf workingdils, aven it retired), aven it retired), aven it retired).
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nif. Then pl	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Ilyas giva war or datas of service) TOTAL MIS CLUSE OF DEATH (Enter only one cause par (no for (a), (b), and (c), i
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t. of Heal	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20l. (City or town) (County) Hour a.m. P.m. 19 et work at work
ate Dep	21. I certify that (I) (this hespital) attended the deceased from 1
the state of the s	220. SIGNATURE S
Ativ be	22c. PHYSICIAN'S Savi Okutinan 22d. ADDRESS Sulkesulle, tief.
director be file	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town or country) (State) REMOVAL (Sportfy) 2/24/65 Mew Order
(4) 63	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE FEB 2 7 162 Outling & Known



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where decreased lived, if institutions Residence before edmission) a. COUNTY b. COUNTY Carroll Allegania MARYLAND Mervland b. CITY OR TOWN (f outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Springfield, Sykesville 7 mos. 9dys
d NAME OF HOSPITAL OR INSTITUTION (15 not in hospitel, give street address) Eckhart Mines d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X Box 135 Springfield State Hospital 4. DATE DECEASED (Type or print) 19 62 Sarah Harris Twigg February AGE (In years LIF UNDER I YEAR 6 COLOR OR RACE 17, MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months DIVORCED WIDOWED TO Female June 19, 1884 IDe. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country, 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Housewife Maryland attending ph Then please r oval, and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Harris Catherine Cross 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Years Cardiac insufficiency IMMEDIATE CAUSE (e. DUE TO Old age inanition. Years. Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDIT ON GIVEN IN PART 1.0) 19. WAS AUTOPSY PERFORMED? C.B.S. with senile brain disease with psychotic reaction. NO V 20e. ACCIDENT WAS UNDERLY NG ___ 20b. DESCR BE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Pert il of tem 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) factory, street, office bldg., etc.) Not While While Hour e.m. st work st work 2-22-, 19.62 that (I) (we) last ATTENDING PHYS. DIRECTOR 22d. ADDRESS Springfield State Hospital, Sykesville, Md Buyukunsal, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b DATE THEREOF REMOVAL (Specify) OFA F'bg.Memorial Park Frostburg, 25a. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE FER 2 7 '62 Calmer S. Thomas 15M 7,61 Frostburg, Md.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 01769 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where, deceased lived If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND arro CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) URAL and give hearest tewn) NEGLESLAND NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d: STREET ADDRESS e IS RESIDENCE YES 🗍 NO 🞾 4. DATE OF DEATH NAME OF Middle Yeor (Type or print) 1965 2 9. AGE (In years IF INDER 1 YEAR IF UNDER 24 HRS 5 SEX 7. MARRIED T NEVER MARRIED T lost birthdayL Months Drays Hours WIDOWED 5 DIVORCED [12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) TOUCE WI 13. FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17, INFORMAN 584858/MAN AVC INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line-for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost. WAS AUTOPSY PART NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES TO NO X 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of I tem 18.) (IF EITHER, NOTHY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) factory, street, affice bldg., etc.) Hayr g m. While Not while at work at works p. m 21. I certify that (1) (this hospital) attended the deceased from June 36 saw the deceased alive an Tehring 12 19 6 2 and that death accurred of 22M, from the causes and an the date stated above. 22a SIGNATURE SIGNED ATTENDING PHYS MED DIRECTOR M D 22 PHYSICIAN S 22d. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 23a BURIAL CREMATION, 23b DATE THEREOF (Stote) REMOVAL (Specify) Loudon Park Baltimore 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNAT 250. REC'D BY REGISTRAR Jenkins VR A1S (4) DATE FFR 1 5 '62 William & House 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admiss on) a. COUNTY **b.** COUNTY Carroll MARYLAND Bal to City b. CITY OR TOWN (if outside corporate limits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) write RURAL and give neerest town] Baltimore 18 Sykesville lyr.lldays d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 2701 Matthews St. Springfield State Hospital YES NO 2 3. NAME OF 4 DATE DECEASED сотр 19 62 Howard Jefferson Walters February 12. (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED DATE OF BIRTH 9. AGE IIn yeers HE UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months | Days July 18. 1884 Male WIDOWED [physician 10a USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE County & State, or foreign country) 1 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Salesman U.S.A. Maryland attending ph Then please a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Dietrick Ambrose Walters 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1 17. INFORMANT law requires that the (Yes, no, or unkown) (Hyes give wer or detes of service) Nο Springfield Hospital Records. do. attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (6) Senticemia Days DUE TO Pulmonary abscesses Conditions, 'Fony, which Davs geve rise lo immediate causa DUE TO (a), stating the underlying the but Red sores cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY C.B.S.assoc.with cerebral arteriosclerosis with psychotic reaction. PERFORMED? CERTIFICAT NO 200 ACCIDENT WAS UNDERLYING [] , 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of nury in Pert I or Pert II of stem 18) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF NUJRY Month, Dev. Yeer 20f. (City or town) (County) (Stete) lactory, streat, office bldg., etc.1 While Not While Hour e.m. WED et work et work DIRECTOR: 21 | certify that (I) (this hospital) attended the deceased from January 31, 1961, 1February 12, 1962, that (1) (we) last saw the deceased alive on. F. bruary 12162 ..., and that death occured at 1:30P, From the causes and on the date stated above. 22a SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. Claun 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Springfield State Hospital, Sykesville, Md. Agustin delCampo, (A.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stete) 23a, BURIAL, CREMATION | 23b DATE THEREOF - F & Burial (Specify) 0 2-16-62 New Cathedral Cemetery Baltimore 25a REC'D BY REGISTRAR | 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Wm.Cook, Inc., 1217 St. Paul Street, Baltimore 2 15M 7 61 (Jun & Triana DATE FEE 1 4 '62



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Carroll Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) 2mos. 19dvs. Sykesville Baltimore 22 .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Springfield State Hospital YES NO X 3. NAME OF Middle 4. DATE DECEASED comple (Type or print) DEATH Pvfle Kathryn Williams February 26 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months | Days Female WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Dishwasher West Virginia U.S.A. The taw attending physician, attending physician, as been signed by the attending physics been signed by the please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pete Pvfle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Springfield Hospital Records. IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Septicemia IMMEDIATE CAUSE (a) Davs DUE TO Infected bed sores (b) weeks gave rise to immediata cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? C.B.S. associated with cerebral arteriosclerosis, without psychosis.

20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of ifem 18.)

OR CONTRIBUTING | CAUSE OF BEATH | If ETHER, NOTIFY MEDICAL EXAMINER) NO WEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. [City or town] (County) (Slete) factory, street, office bldg., etc. While Not While Hour a.m. et work et work 21. 1 certify that (I) (this hospital) attended the deceased from 12-7-, 1961, to 2-26-, 1962, that (I) (we) last saw the deceased alive on..... 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICHAN'S Agustin del Campo. Springfield State Hospital, Sykesville, Md. 23d. LOCATION (City, lown or county) (Stete) NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. REMOVAL (Specify) 1962 Holy Cross Fairmont, West Virginia 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ADDRESS

162

DATE MAR

C. Pour & House

DHDA 7922 Wise Ave. 22, Md.

VR A1S [4] 15M 7/61

24 FUNERAL DIRECTOR'S SIGNATURE



YLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01779 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY **b** COUNTY 42 P MARYLAND Carroll Maryland Baltimore b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) days. d. STREET ADDRESS Sykesville | >> Clays do NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE hours ON A FARM? YES NOL Name Offingfield State Hospital 3020 Texas Avenue DATE DECEASED Lillian Wise 70 (Type or print) DEATH 62 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR ! IF UNDER 24 HRS. last birthday) Months Days Female White WIDOWED [DIVORCED November 23. 1883 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Secretary Gov't .- Retired U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry A. Wise Minerva E. Pifer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address requires that the (Yes, no, or unknown) ! (If yes give war or detes of service) Springfield Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia days IMMEDIATE CAUSE (e) Arteriosclerosis Heart Disease vears gave rise to immediate cause DUE TO (a), slating the underlying Generalized arteriosclerosis. vears cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? C.B.S. assoc, with senile brain disease, without psychotic reaction. YES NO TO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Fell to the floor while trying to sit down on a foot stool 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Not While While 12-27, 61 at work | T Hospital Sykesville Carroll Md. 19 61 to. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1962, and that death occurred and the causes and on the date stated above. 226. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. 22d ADDRESS PHYSICIAN' NAM5 Springfield State Hospital, Sykesville, Md. Agustin del Campo. 23a, BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0.5 % REGISTRAR 256. REGISTRAR'S SIGNATURE 25a. REC'D BY 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1SM 7/61 DATE

